



**El Dorado County
In-Home Supportive Services
Advisory Committee**

**Placerville Senior Center
937 Spring Street
Placerville, CA 95667
Phone: (530) 621-6384
Fax: (530) 295-2598**

In-Home Supportive Services (IHSS) Advisory Committee Membership Application

Name: Jody Bailey _____

Mailing Address: _____

Physical Address (if different): _____

Phone Number: Day _____ () _____

Evening Email Address: _____

Please check all categories that apply to you:

- I am a current or past user of home care services.
- I provide home care services to a family member.
- I provide home care services to someone who is not a family member.
- I am a representative of a community based organization or public agency.

If additional space is needed to provide requested information, please attach additional sheets.

1. Why are you interested in being on the IHSS Advisory Committee?

To support the clients I work with, to better understand how to get support when needed.
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(OVER)

Revised 09/09

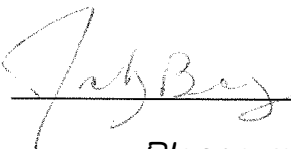
2. What other kinds of community groups do you belong to now or in the past?

Transition Team (high school to adult transitioning), EDT Ad-hoc committee

3. What life or work experiences will help you in serving on this committee?

I work with Adults with Developmental Disabilities that live in the community and receive IHSS support.

4. List any additional skills or qualifications that would be valuable to this committee:

Signature: 

Date: 9/22/14

Please return the completed application to:
IHSS Public Authority Office
937 Spring St
Placerville, CA 95667