

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: Ellen Perda Kimor
Placerville 9564
Physical Address (if different):
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Please check all categories that apply to you:
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?
As I age and see people around me needing help I want to nelp them receive the aid.

(OVER)

Revised 09/09

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

For Yen Je 2015 I served an the Boson & for IID lenten for the Viswally Impained and Eurnert ly as me Lo leager of the Dupport Group and arm on the Advising Committee of Society for the Blind

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

MI den need for help on Thained when I broke my polvis, ankle solver and conexor and became lagelly blind.

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

Thave become waguanted with many suganization which coffen so I fain make referenss,

Please return the completed application to:

IHSS Public Authority Office 937 Spring St Placerville, CA 95667

Revised 09/09

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