

Application for Appointment to the IHSS Advisory Committee

Under the provisions of law AB 1682, each county must set up an Advisory Committee to provide ongoing advice and recommendations to the county Board of Supervisors and any other body related to the delivery and administration of In-Home Supportive Services (IHSS). In Shasta County there will be 9 volunteer members on this committee, to be appointed by the Board of Supervisors. If you are interested in serving on this committee, please complete the following:

Name: _____ Phone Number(s) _____

Address: _____

In order to be considered for appointment to the IHSS Advisory Committee, you must be able to check one (or more) of the following categories:

I am a:

- Recipient (past or present) of personal assistance services, such as IHSS
- Provider (past or present) of personal assistance services, such as IHSS
- Individual from an organization that advocates for people with disabilities or seniors
- Individual from an organization that advocates on behalf of home-care employees
- Health Care worker
- Representative of a community-based organization

Day(s)/Time(s) available to attend meetings: _____

Education: _____

Employment experience: _____

Community experience and affiliations: _____

Why are you interested in becoming a member of the IHSSAC? _____

Please list three references with telephone numbers:

1) _____

2) _____

3) _____

Signature _____ Date _____

Applications must be filed with:
Shasta County IHSS/ Public Authority
2640 Breslauer Way
Redding, CA 96001

For questions, or additional information, please call (530) 229-8338.