



DRAFT

IHSS Stakeholder Advisory Committee Application

The California In-Home Supportive Services Authority (IHSS Statewide Authority) seeks applicants for the IHSS Stakeholder Advisory Committee (SAC). The purpose of the SAC is to provide ongoing advice and recommendations regarding the IHSS Program to the IHSS Statewide Authority and the State Departments of Social Services and Health Care Services. SAC members are appointed by the IHSS Statewide Authority for a term of one or two years and until the appointment of his/her successor. Incumbents may be appointed for successive terms. Members will be reimbursed for travel. Please note that any information submitted on this form is classified as public record.

Applications must be postmarked by May 1, 2015

APPLICATIONS MUST BE FILED WITH

IHSS STATEWIDE AUTHORITY

744 P STREET, MS 8-17-14, SACRAMENTO, CA 95814

E-mail Address: IHSS.Statewide.Authority@dss.ca.gov

Fax #: 916.653.1693

Direct Questions to: 916.651.6764.

1. Applicant Information

First Name:

Last Name:

Title (if applicable):

Company/Affiliation (if applicable):

Address:

City:

State:

Zip:

Telephone:

E-mail:

Office Use Only

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Appointed to Seat #: _____ Term Expires: _____ Date Seat Was Vacated: _____

2. Position Sought Representing: (See Government Code section 6531.5 [e])

Please indicate all that apply.

- Current or Former User of Personal Assistance Services or IHSS Recipient
- Current or Former IHSS Provider
- Advocate for People with Disabilities and/or Older Adults
- Union Representative

Indicate your initial term preference:

- One Year
- Two Years

3. Statement of Interest

Your completed Application Package must include a Statement of Interest that discusses items A-D below:

- A. Your reasons for applying for membership to the SAC.
- B. The assets/qualifications you would bring including: education, employment experience, community and/or personal experience, affiliations and other County or State Boards, Commissions and/or Committees on which you have served.
- C. Any other experience you feel would be helpful in making this appointment.
- D. How you will obtain input from constituencies that you represent and how you will communicate the issues addressed by the SAC with community members.

Attach your Statement of Interest to this application. Your statement should be two pages or less and should be no smaller than 12 point font.

4. References: List three (3) references with telephone numbers and E-mail addresses (if available):

Name	Affiliation	Phone	E-mail

APPLICANTS ARE REQUIRED BY STATE LAW TO FILE A FINANCIAL DISCLOSURE STATEMENT AS PART OF THE APPOINTMENT PROCESS
[FORM 700 – STATEMENT OF ECONOMIC INTERESTS](#)

MEMBERSHIP TERMS AND AGREEMENT

Note: The IHSS Statewide Authority shall appoint an advisory committee to provide ongoing advice and recommendations regarding the IHSS program to the IHSS Statewide Authority, the Department of Social Services and the Department of Health Care Services. The IHSS Stakeholder Advisory Committee (SAC) will be composed of recipients of IHSS and personal assistance services, current or former providers of IHSS, representatives of organizations that are designated representatives of IHSS providers and organizations that advocate for people with disabilities and/or seniors. Subcommittees of this SAC may be formed.

The initial term of office for each member shall be for one (1) or two (2) years, as determined by the IHSS Statewide Authority, to allow for staggered terms. Incumbents may be appointed one (1) additional two-year successive term. Members serve at the discretion of the IHSS Statewide Authority and must agree to abide by the following membership terms:

- Attend at least one meeting per year and as necessary.
- Actively participate in every convened meeting of the SAC from beginning to adjournment.
- Prepare for each meeting by reading materials distributed in advance.
- Engage in small and large group discussions in a manner that is respectful of divergent perspectives, ideas and experiences.
- Work to achieve consensus on recommendations of the SAC.
- Gather local community and/or affiliation group input regarding needs and priorities for consideration by the SAC.
- Facilitate communication between community representatives and the SAC.
- Work within a group process to meet deadlines.
- Make recommendations on a broad range of issues that improve the California IHSS Program.

By checking this box I acknowledge that I have read and understand the above purpose and membership terms of the SAC. If selected for membership to the SAC, I agree to abide by the above membership terms.

Applicant Signature: _____ Date: _____