

# IHSS ADVISORY COMMITTEE APPLICATION

If selected for this committee, you would need to make a commitment to attend one meeting per month alternating between in Lakeport and Lower Lake.

Name: INEZ N. Wencus Occupation: Prof. Emerita / Retired  
Address: PO Box 588 COBB, CALIF. 95426  
Phone #: 707-355-1110 E-mail: \_\_\_\_\_

Resident of Lake County for 30 years. How did you hear about us? \_\_\_\_\_

Have you ever been convicted of a felony? Yes ☐ No ☒ If yes, please explain \_\_\_\_\_

## If you are an incumbent, please check one of the following:

- ☒ I wish to be re-appointed for another term.  
☐ I do not wish to be re-appointed for another term

Have you ever received personal assistance in-home care, using either private funds, or through some publicly funded program? If yes, explain briefly:

No

Have you ever been a provider of personal assistance in-home care for someone else?

If yes, explain briefly: Training thru Hospice.

Yes. Hospice volunteer. Welfare Roster. Quality Care  
AAA Seminars - IHSS - Private 16 yrs. Caring Helpers

Give a brief summary of your involvement in services for seniors (if any):

Neighborhood watch. Driver. Cooked meals - get the  
meals on wheels for them. Shop. etc. Homecare -

Give a brief summary of your involvement in services for disabled (if any):

Drive - calls for Dr. visits. Prescription Pick-up + some  
delivery to nursing home. wash clothes - meals - set up.

Listed below are the various positions that make up the committee. Please check the one that you feel you are best qualified:

- ☐ Senior Citizen Consumer/Recipient (past or present)  
☐ Disabled Citizen Consumer/Recipient (past or present)  
☐ IHSS Provider of personal assistance (past or present)  
☒ Senior Community Representative (present)  
☒ Disabilities Community Representative (present)

Please explain briefly why you feel particularly qualified for the position that you checked and why you want to be on the IHSS Advisory Committee.

I have been Really involved with Lake county as a volunteer And Seniors who need help. I have certificates on - Elder Abuse - Training thru Hospice Services, and other workshops FOR personal care - Transfer, etc

I believe, I am an asset to this Committee. So the need is great and necessary to keep it going. We do events with - Behavior Health - Lake Family Resource. I pass out info re: Registry for educational purposes + recruit. re: medical Recipients. This is a committee < Advisory to the Board of Supervisors - we invite to participate. Also speakers

Please mail application to:

IHSS Advisory Committee Selection  
P.O. Box 9000  
Lower Lake, CA 95457

RECEIVED

JAN 22 2020

ADMINISTRATIVE OFFICE

**For County use only**

Supervisory District: \_\_\_\_\_

Application approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Appointment approved on: \_\_\_\_\_

Term Dates: \_\_\_\_\_ to \_\_\_\_\_