

IHSS ADVISORY COMMITTEE APPLICATION

RECEIVED

OCT 26 2020

COUNTY OF LAKE
BOARD OF SUPERVISORS

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: Robert Miland Taylor

Occupation: Consumer Representative and Advocate

Address: 14580 Olympic Drive, Unit Number 25, Clearlake, CA 95422-9173

Phone #: (916) 203-1734

E-mail: ltaylor46@live.com

Resident of Lake County for 8 years. How did you hear about us? By being a previous IHSS Recipient.

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: Yes! I used to be a fellow In-Home Support Services Recipient, from November 2018, to March 2019.

Have you ever been a provider of personal assistance in-home care for someone else?
If yes, explain briefly: No!

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

Give a brief summary of your involvement in services for disabled (if any): I have been a Consumer Advocate with the Olmstead Advisory Committee, and with the California Health and Human Services Agency, for ten years now! I'm seeing how the Master Plan of Aging is being developed, and how the state is building up testing capabilities, for COVID-19, and how the state is also planning for vaccine development and distribution.

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 made a difference for Recipients, Providers, and Union Representatives. I want to come back to make a difference.

Please mail application to:

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

For County use only

Supervisory District: _____

Application approved: Yes _____ No _____

Appointment approved on: _____

Term Dates: _____ to _____