

# 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: Simone Tatman Occupation: IHSS PROVIDER  
Address: 5890 E. HWY 20 SPC 34 LUCErne 95458  
Phone #: (707) 400-8772 E-mail: statmans9@yahoo.com  
Resident of Lake County for 11 1/2 years. How did you hear about us? union

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:

N/A

Have you ever been a provider of personal assistance in-home care for someone else?  
If yes, explain briefly:

yes - IHSS provider since Aug 2017

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

I provide care for seniors in their own homes and assistance w/ personal care, shopping, meds

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

I've cared for clients whom have had Alzheimers, strokes or any debilitating issues.

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 years of experience caring for others beginning with my dad. I love what I do to help others. I'm also a proud member of local SEIU 2015, we are a diverse, dedicated group of hard working individuals. I care about Lake County & its communities and want to help create good change. I'm familiar with our BOS and my hope is we can work together for a better future.

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 \_\_\_\_\_