California Health and Human Service Agency
Olmstead Advisory Committee Application

1. ☐ Mr.
   ☐ Mrs.
   ☐ Ms. _____
   FIRST MIDDLE LAST

2. Address (including Zip Code): _____

3. Phone number: (_____) _____

   E-mail address: _____

4. Gender: ☐ Male ☐ Female

5. Ethnicity (optional): _____

   ☐ American Indian or Alaskan Native ☐ Asian ☐ Black ☐ Hispanic

   ☐ Pacific Islander ☐ White ☐ Other (Specify) _____

6. ☐ Self nomination?

   ☐ Consumer

   ☐ Family Member

   ☐ Provider (please identify): _____

   ☐ Other (please identify): _____

   ☐ Organization/Association?

   Please identify: _____

   Note: A letter from the Executive Director of the identified organization/association designating you, as being able to speak on its behalf must accompany your application in order to be considered for the workgroup.

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1. Describe the experience you would bring in an advisory capacity on long-term care services and supports in California. Mention participation on any related advisory bodies. (Limit your response to no more than one page)

2. Briefly describe what you hope to contribute as a result of participating on the Olmstead Advisory Workgroup (Limit your response to no more than one page)

SIGNATURE DATE

Signature of a personal assistant is acceptable.

Please address your mailed or faxed application to:
Attention Megan Juring
Fax: (916) 654-3343
Mail: 1600 9th Street, Room 460, Sacramento, CA 95814