

File No. 101293

Committee Item No. 2
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules

Date October 21, 2010

Board of Supervisors Meeting

Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER

(Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
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<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Linda Wong

Date October 18, 2010

Completed by: _____

Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.



**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-7714**

Application for Boards, Commissions and Committees

Application for Appointment to: **SAN FRANCISCO AGING AND ADULT SERVICES COMMISSION**
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): _____ District: **7**

Name: **CATHY RUSSO (CATHERINE ROSE RUSSO)**

Home Address: **Buckingham Way #201 San Francisco, CA** Zip: **94132**

Home Phone: (415) _____ Occupation: **Social Worker / Gerontologist**

Work Phone: _____ Employer: _____

Business Address: _____ Zip: _____

Business E-Mail: _____ Home E-Mail: _____ @msn.com

Check All That Apply:

A citizen of the United States. At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco Yes: No: (Place of Residence): _____

Please state your qualifications (attach supplemental sheet if necessary)

I have the training, experience, interest, and energy to represent Seniors and Adults with Disabilities in District 7 and in San Francisco as a whole.

Education:

MA-Master of Arts in Gerontology - SF State University 1997
MSW - Master of Social Welfare - UC Berkeley 1962 BA Elementary Education - San Jose State 1953

Business and/or professional experience:

Volunteer Coordinator Foster Grandparent Prog./ Soc. Serv. Mgr. Acute Care Hosp./ Educ. Dir. SF Unit of Cancer Society/ Soc. Wk Sup. Marin Dept of Soc. Serv./ Elementary Teacher

Civic Activities:

Advisory Council to Aging and Adult Services Comm. / Sunset Community Court / Sunset District Neighborhood Coalition/ Coalition of Concerned Legal Professionals / Triple-A Council of California /AARP / CASE

Ethnicity: (optional) Italian/Irish Sex: (optional) M F

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made.

(Please note: Once completed, this form, including all attachments, become public record)

Date: 4/15/2010 Applicant's Signature: (required) Catherine Russo

Appointed to seat #: _____ Term Expires: _____ Date Seat was vacated: _____

April 15, 2010

Supervisor Sean R. Elsbernd
City Hall
1 Dr. Carlton B. Goodlet Place Rm 244
San Francisco, CA 94103

Dear Supervisor Elsbernd,

I was first appointed by you to the Advisory Council to the Aging and Adult Services Commission in 2006 and again in 2008. My term ends in March 2010 and I should like to continue as a member of the Advisory Council.

The Advisory Council continues to meet on the third Wednesday of the month. I am serving as the President so also attend the Commission meetings on the first of the month. We try to keep up on what is happening in our neighborhoods and on legislation affecting seniors and persons with disabilities. At our next meeting we will have an update on the DAAS annual plan and an update on the TransLink Program (which we realized that we did not understand) as well as closely watching proposed federal committees that can reduce social security. We write letters to our representatives as needed. As a representative of our council, I am serving on the planning committee for the Twentieth Anniversary of the Americans with Disabilities Act.

I continue to be active as a senior representative in our district and the city. I am a member of the Sunset Community Court, serve on the Sunset Coordinating Council where I have somehow become responsible for the flea market at our fall festival, and volunteer with the Coalition of Concerned Legal Professionals at the legal advice sessions. As president of the Advisory Council I am the delegate to the Triple-A Council of California which meets in Sacramento by monthly.

I had been working part time as Volunteer Coordinator for the Foster Grandparent/Senior Companion Program but became a budget-cut in January. Therefore, I am beginning to look for another part time position. Until I find one, my home phone and e-mail are my main contact points.

I hope you are agreeable to recommending me to continue in the 7th District Advisory Council Position.

Sincerely,



Cathy Russo

✓ Buckingham Way #201
San Francisco, CA 94132

MEMORANDUM

TO: Rules Committee Clerk
FROM: Supervisor Sean R. Elsbernd
DATE: October 6, 2010
SUBJECT: Appointment by Supervisor Supervisor Sean R. Elsbernd

Please be advised that Supervisor Elsbernd has selected Cathy Russo to be re-appointed to the Commission on Aging & Adult Services.

This appointment will fill seat-representing District 7.

Cathy Russo 's address is on file from existing appointment

Attachment: [Application must be attached]

For Clerk's office use only:

Seat #: _____ Term expiration date: _____ Seat Vacated: _____

San Francisco
BOARD OF SUPERVISORS

Date Printed: October 15, 2010

Date Established: November 28, 1980

Active

COMMISSION ON THE AGING ADVISORY COUNCIL

Contact and Address:

Emma Harper Commission Secretary
Department of Aging and Adult Services
1650 Mission Street, 5th Floor
San Francisco, CA 94103

Phone: (415) 355-6783

Fax:

Email: Emma.Harper@sfgov.org

Authority:

Ordinance 500-80; Administrative Code Section 5.54; Ordinance 248-85; Res. No. 499-03;
Bylaws of the Advisory Council.

Board Qualifications:

The Advisory Council is not to exceed 22 members (voting members), 11 of whom shall be appointed by the Board of Supervisors. The composition of the other members are as follows: 11 members appointed by the Commission on the Aging. More than 50% of the members of each group of 11 members shall be persons who are 60 years of age or older. The Council shall be representative of the geographic and ethnic populations of the City and County of San Francisco by districts determined by the Commission. The council shall include service providers, older persons with the greatest socio and economic need, consumers, and others specified by federal regulation.

The Advisory Council members shall be appointed to serve two year terms. When vacancies occur due to resignation or other causes, they shall be filled by the appointment of a person to fill the unexpired portion of the term by the Commission or corresponding Supervisor.

The Advisory Council shall advise the Commission on the Aging on all matters relating to the development and administration of its area plan and the operations conducted thereunder, including needs assessment, priorities, programs, and budgets, and such other matters relating to the well-being of all senior citizens 60 years of age and older within the scope and spirit of Federal, State and local regulations, laws and ordinances. The Advisory Council member shall be responsible for representing the needs and concerns of all senior citizens in the City and County of San Francisco, duties of which are outlined in the Bylaws.

"R Board Description" (Screen Print)

San Francisco
BOARD OF SUPERVISORS

Council members shall collect all appropriate information in order to provide the Commission with advice in the Commission's decision-making on the needs, assessments, priorities, programs and budgets concerning older San Franciscans.

Reports: Annual Report

Sunset Clause: None

