

File No. 110389

Committee Item No. 4  
Board Item No. 11

**COMMITTEE/BOARD OF SUPERVISORS**  
AGENDA PACKET CONTENTS LIST

Committee: Rules

Date 4/7/11

Board of Supervisors Meeting

Date 4/19/11

**Cmte Board**

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input checked="" 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 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 checked="" type="checkbox"/> | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Public Correspondence                        |

**OTHER**

(Use back side if additional space is needed)

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Completed by: Linda Wong

Date 4/4/11

Completed by: L.W.

Date 4/13/11

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

1 [Appointments, In-Home Supportive Services Public Authority]

2  
3 **Motion appointing Mike Boyd and Alice Wong, to the In-Home Supportive Services**  
4 **Public Authority, terms ending March 1, 2014.**

5  
6 **MOVED,** That the Board of Supervisors of the City and County of San Francisco does  
7 hereby appoint the following designated persons to serve as members of the In-Home  
8 Supportive Services Public Authority, pursuant to the provisions of Welfare and Institutions  
9 Code Section 12301.6, and Board of Supervisors Ordinance Nos. 185-95 and 55-05, for the  
10 terms specified:

11 Mike Boyd, seat 1, succeeding himself, term expired, must be a consumer over the age  
12 of 55 years, authorized to represent organizations that advocate for aging people with  
13 disabilities, for the unexpired portion of a three-year term ending March 1, 2014.

14 Alice Wong, seat 13, succeeding herself, term expired, must be a consumer at-large  
15 who is 18 years of age or older, for the unexpired portion of a three-year term ending March 1,  
16 2014.

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**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: IHSS Public Authority Governing Body  
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): Seat # 1 Consumer over the age of 55 years

District: 3

Name: Mike Boyd

Home Address: Powell Street, #155

Home Phone: 415- \_\_\_\_\_

Occupation: Disability worker, educator

Work Phone: 510-594-4379

Employer: Ed Roberts and Associates

Business Address: P.O. Box 29371, Oakland, CA

Zip: 94604

Business E-Mail: lawschool77@gmail.com

Home E-Mail: \_\_\_\_\_ @sfihsspa.org

**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)**

Current IHSS PA Governing Body member. Have been involved in disability politics and assisting people with disabilities for almost 40 years. Home-care worker.

**Education:**

College--B.A.  
Law school--1-1/2 years.

**Business and/or professional experience:**

Special assistant to Ed Roberts, founder of the Independent Living Movement/Director of the State Dept. of Rehabilitation. Union steward.

**Civic Activities:**

Taught disability issues all over the world with Ed Roberts.

Ethnicity: (optional) European mix

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.

(Applications must be received 10 days before the scheduled hearing.)

(Please Note: Once Completed, this form, including all attachments, become public record)

Date: Feb 11 2011 Applicant's Signature: (required) Mike Boyd

Please Note: Your application will be retained for one year.

**FOR OFFICE USE ONLY:**

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Seat was Vacated: \_\_\_\_\_

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**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: IHSS Public Authority Governing Body  
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): Seat #13 Consumer-at-large 18 or older

Name: Alice Wong

Home Address: Bryant Street, Unit 4

Home Phone: 415- \_\_\_\_\_

Occupation: Staff Research Associate

Work Phone: 415-502-7097

Employer: UCSF Center for Personal Assistance Services (CPAS)

Business Address: 3333 California Street, Suite 445, San Francisco, CA

Zip: 94118

Business E-Mail: alice.wong2@ucsf.edu

Home E-Mail: \_\_\_\_\_ @yahoo.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)**

IHSS consumer. Member of IHSS Public Authority Governing Body and Board President. Consumer advocate for people with disabilities and researcher in the field of disability issues.

**Education:**

B.A. Sociology and English, Indiana University (1997)

M.S. Sociology, UCSF (2004)

**Business and/or professional experience:**

Staff Research Associate, UCSF; Research Assistant, UC Berkeley;  
Research Assistant, World Institute on Disability

**Civic Activities:**

Member of Judging Panel for Superfest (International Disability Film Festival)  
Winner of the Mayor's Disability Council's 2010 Beacon Award for Outstanding Leadership

Ethnicity: (optional) Chinese American 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.  
(Applications must be received 10 days before the scheduled hearing.)  
(Please Note: Once Completed, this form, including all attachments, become public record)

Date: 2/8/11 Applicant's Signature: (required) Alice Wong

Please Note: Your application will be retained for one year.

**FOR OFFICE USE ONLY:**

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Seat was Vacated: \_\_\_\_\_

RECEIVED  
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San Francisco  
BOARD OF SUPERVISORS

Date Printed: April 4, 2011

Date Established: June 9, 1995

Active

**IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY**

**Contact and Address:**

Patrick D Hoctel  
In-Home Supportive Services Public Authority  
832 Folsom Street, 9th Floor  
San Francisco, CA 94107

Phone: (415) 593-8117

Fax:

Email: phoctel@sfihsppa.org

**Authority:**

Welfare and Institutions Code Section 12301.6; Ordinance No. 185-95; Ordinance No. 55-05.

**Board Qualifications:**

The governing body of the In-Home Supportive Services (IHSS) Public Authority shall be composed of 13 members appointed by the Board of Supervisors. The Board of Supervisors shall solicit recommendations for appointment of qualified members through a fair and open process, including reasonable written notice to, and affording reasonable response time from, the IHSS Authority, members of the general public, and other interested persons and organizations. No fewer than 50 percent of the membership shall be individuals who are current or past users of personal assistance services paid for through public or private funds or who are recipients of IHSS.

Membership categories on the governing body shall be as follows:

1. Two consumers over the age of 55 years, each authorized to represent organizations that advocate for aging people with disabilities;
2. Two consumers between the ages of 18 and 60 years, each authorized to represent organizations that advocate for younger people with disabilities;
3. One consumer at-large over the age of 55 years;
4. One consumer at-large between the ages of 18 and 60 years;
5. One worker who provides personal assistance services to a consumer;
6. One Commissioner from the Human Services Commission, recommended to the Board by the Commission;
7. One Commissioner from the Commission on the Aging, recommended to the Board by the

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San Francisco  
BOARD OF SUPERVISORS

Commission;

8. One Commissioner from the Health Commission, recommended to the Board by the Commission;
9. One member of the Mayor's Disability Council, recommended to the Board by the Council.
10. One member representing the bargaining unit of the union that represents IHSS independent providers.
11. One consumer at-large who is 18 years of age or older.

The In-Home Supportive Services Public Authority shall provide assistance in finding personnel for the In-Home Supportive Services Programs through the establishment of a central registry, and related functions, and to perform any other functions, as may be necessary for the operation of the Authority, or related to the delivery of IHSS in San Francisco.

Initial appointment of both the consumer and worker members shall be made from a list of recommendations based on applications designed by, and submitted to, the IHSS Task Force of Planning for Elders in the Central City. The governing body of the Authority may make recommendations to the Board of Supervisors for establishing procedures for consumer and worker member appointments. Every attempt shall be made to assure that each appointee will be able to serve the full term to which he or she has been appointed, in order to ensure continuity in the work of the Authority.

After the terms of the initial period are complete, each appointment to the governing body shall thereafter be for a three-year term. A member may be reappointed, but may not serve more than a total of nine consecutive years on the governing body. The initial appointment periods shall be staggered as follows:

- (1) Three one-year terms;
- (2) Four two-year terms; and
- (3) Four three-year terms.

Upon appointment, members shall draw lots to determine the length of each member's initial term.

Qualified applicants must reside in San Francisco and have: familiarity with, or knowledge of, personal assistance services; the capacity to understand their role to aid and assist the Authority in the administration of its duties; and the ability to attend regularly scheduled meetings, which shall occur only in facilities which meet disability access requirements.

Report: The Authority shall submit annually a report to the Board of Supervisors detailing its functions and evaluating its operation for that year. In addition, such report shall present the Authority's specific goals and objectives for the coming year and its plan for meeting those goals and objectives.

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BOARD OF SUPERVISORS

Sunset Date: None

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