

File No. 100260

Committee Item No. 2  
Board Item No. \_\_\_\_\_

### COMMITTEE/BOARD OF SUPERVISORS

#### AGENDA PACKET CONTENTS LIST

Committee: Rules

Date March 18, 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"/>	_____
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<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Linda Wong  
Completed by: \_\_\_\_\_

Date March 12, 2010 -  
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: IHSS Public Authority Governing Body  
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): #2

District: 5

Name: Patricia (Tricia) Webb

Home Address: — Eddy Street, Apt. 1008 SF, CA Zip: 94115

Home Phone: 415- — Occupation: Volunteer

Work Phone: 415-703-0188 Employer: Planning for Elders

Business Address: 965 Mission Street, Ste. 550 SF, CA Zip: 94102

Business E-Mail: tricia@planningforelders.org Home E-Mail: — @comcast.net

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 board member/secretary; IHSS consumer;  
Disability Rights advocate

Education:

High School Graduate  
College Course - Medical Terminology

Business and/or professional experience:

Planning for Elders volunteer  
Service Connect Peer Advocate

Civic Activities:

Healthcare Action Team (HAT), Senior Survival School, Long Term  
Care Coordinating Council (LTCCC), CADA

Ethnicity: (optional) African 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: 2/8/10 Applicant's Signature: (required)

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

FOR OFFICE USE ONLY:

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



**Board of Supervisors  
City and County of San Francisco  
1 Dr. Carlton B. Goodlett Place, Room 244  
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**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 #4 District: Ø

Name: Olva Moran Hernandez

Home Address: N. MAYFAIR AVE Daly City, CA Zip: 94015

Home Phone: (650) \_\_\_\_\_ Occupation: Home Care

Work Phone: \_\_\_\_\_ Employer: IHSS P.A.

Business Address: 832 Folsom St. 9th Fl San Francisco, CA Zip: 94107

Business E-Mail: \_\_\_\_\_ 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): Daly City

Please state your qualifications (attach supplemental sheet if necessary)

Home Care Worker - 10 years

Education:

H.S. in MEXICO ; 2 years College

Business and/or professional experience:

Home Care Worker - 10 years

Civic Activities:

Active in campaigns of Tom Ammiano, Gerardo Sandoval and Leland Yee

Ethnicity: (optional) Hispanic 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: 1-29-10 Applicant's Signature: (required)

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

FOR OFFICE USE ONLY:

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



Board of Supervisors  
 City and County of San Francisco  
 1 Dr. Carlton B. Goodlett Place, Room 244  
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Application for Boards, Commissions and Committees

Application for Appointment to: In-Home Supportive Public Authority  
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): Consumer charge, (5) District: \_\_\_\_\_

Name: Idell Wilson

Home Address: Harkness

Zip: 94134

Home Phone: 415 \_\_\_\_\_ Occupation: Student

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_ Home E-Mail: \_\_\_\_\_

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)

Education: \_\_\_\_\_

Business and/or professional experience: \_\_\_\_\_

Civic Activities: \_\_\_\_\_

Ethnicity: (optional) Black Sex: (optional)  M  F

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

RECEIVED  
 BOARD OF SUPERVISORS  
 SAN FRANCISCO  
 2010 FEB 16 AM 11:37  
 BY SK

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: 2-12-10 Applicant's Signature: (required) [Signature]  
Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:  
 Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Seat was Vacated: \_\_\_\_\_

# Idell Wilson

↓  
Gilman St.  
San Francisco, Ca. 94114  
Phone 415: \_\_\_\_\_

E-mail

yahoo.com

**Objective** Team Coordinator/Leader

## Highlights of Qualifications

- Over 10 years of direct community volunteer worker
- Certified CSR Representative., Goodwill Inc/NFR Foundation, Washington, DC
- Proven leadership ability in project management
- Registered Peer Leader with State of California
- Strong communication, Interpersonal, and Oral presentation skills leading to excellent customer service

## Summary of skills

- Provided courteous and swift customer service
- Assisted over 100 students daily through class registration
- Intra-office mail delivery
- Provided one on one assistance to disabled students
- Strong positive attitude, ability to make the impossible possible

## Administrator

- Coordinated meetings and schedules for 10-15 staff members
- Operated stand office machines: copy, Fax, and postage
- Oversaw inter-office communication
- Greeted business associates and clients on a daily basis
- Managed incoming and outgoing mail for 80 staff members

## Verbal Journalism

- Producer
- Team leader
- Host
- Editor
- Camera work

## Work History

2008: Researched Green Products, Plan-It Hardware, San Francisco, CA  
2005-2006: In Store Representative, News America Market, San Francisco, CA  
2000-2004: Students Worker, City College of San Francisco, San Francisco, CA  
1998-2000: Project Coordinator for Disabled Students, SFSU, San Francisco, CA



**Board of Supervisors  
City and County of San Francisco  
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**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 #6

District: 5

Name: Kelly Dearman

Home Address: — McAllister Street

Zip: 94115

Home Phone: 415- —

Occupation: Executive director

Work Phone: 415-252-0949

Employer: SF Urban Community Housing Corporation

Business Address: 1730 O'Farrell Street, #124 San Francisco, CA

Zip: 94115

Business E-Mail: kdearman@surbanchc.org

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)

As an executive director, I am familiar with how boards operate, and their purpose in the community. I am a probate attorney and have some familiarity with the plight of low income elderly and disabled residents.

Education:

M.A., Public Policy, Eagleton Institute of Politics at Rutgers, JD, UC Hastings, B.A., Peace and Conflict Studies, UCB.

Business and/or professional experience:

**Commissioner, Human Services Commission**

Civic Activities:

Treasurer, HomeownershipSF, Board Member, SPUR, Board Member Friends of SF Public Library

Ethnicity: (optional) African 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: 1/28/2010 Applicant's Signature: (required)

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

FOR OFFICE USE ONLY:

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

02/24/2010 12:05 415-

IHSS PUBLIC AUTHC

PAGE 03/04

# City and County of San Francisco

# Human Services Commission



George Yamasaki, Jr., President  
Anita Martinez, Vice President  
Kelly Dearman  
Brian Murphy  
Pablo Stewart, M.D.

REC'D OCT 31 2005

Louise Ralney, Secretary

October 24, 2005

The Honorable Michela Alloto-Pier  
The Honorable Ross Mirkarimi  
The Honorable Aaron Peskin  
San Francisco Board of Supervisors Rules Committee  
City Hall - Room 263  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102

Dear Members of the Rules Committee:

Kindly accept this letter in support of the recommendation of the In Home Supportive Services Public Authority Governing Board that Human Services Commissioner Kelly Dearman be appointed to that body.

Respectfully,

George Yamasaki, Jr.  
President



**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 # 8 Health Commissioner seat District: 9

Name: James M. Illig

Home Address: Alabama St., San Francisco, CA Zip: 94110

Home Phone: 415- Occupation: Director of Government Relations

Work Phone: 415-447-2426 Employer: Project Open Hand

Business Address: 730 Polk St., San Francisco, CA Zip: 94109

Business E-Mail: jillig@openhand.org Home E-Mail:

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 President of the San Francisco Health Commission

Education:

B.S. Psychology, Georgetown University Ph.D.(cand.) Social-Clinical Psychology, Wright Institute  
M.A. Theology-Psychology, Washington Theological Coalition

Business and/or professional experience:

former Executive Director: Baker Places, and Continuum HIV Day Services  
16 years at Project Open Hand managing government contracts

Civic Activities:

Vice Chair, St. Mary's Medical Center Board of Directors  
Member, St. Mary's Medical Center Foundation Board of Directors

Ethnicity: (optional) Caucasian 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: 1-30-10 Applicant's Signature: (required) James M Illig

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

FOR OFFICE USE ONLY:  
 Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Seat was Vacated: \_\_\_\_\_



Edward A. Chow, M.D.  
President

Lee Ann Monfredini  
Vice President

Roma P. Guy, M.S.W.  
Commissioner

James M. Illig  
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.  
Commissioner

David J. Sánchez, Jr., Ph.D.  
Commissioner

John I. Umekubo, M.D.  
Commissioner

April 24, 2004

**HEALTH COMMISSION**

**CITY AND COUNTY OF SAN FRANCISCO**

**Gavin C. Newsom, Mayor**

**Department of Public Health**



Mitchell H. Katz, M.D.  
Director of Health

Michele M. Olson  
Executive Secretary

Tel. (415) 554-2666  
FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

Donna Calame  
Executive Director  
San Francisco IHSS Public Authority  
939 Market Street, Suite 550  
San Francisco, CA 94103

Dear Ms. Calame,

Harrison Parker, who served as the Health Commission's representative to the San Francisco IHSS Public Authority, is no longer on the Health Commission as his term has expired. As Health Commission President, I am writing to recommend that Commissioner Jim Illig be the new Health Commission representative to the IHSS Public Authority.

Thank you for your consideration.

Sincerely,

Edward A. Chow, M.D.  
President, San Francisco Health Commission



**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 #9

District: 4

Name: Tatiana A. Kostanian

Home Address: — -26th Avenue

Zip: 94122

Home Phone: 415. — 3

Occupation: Human EDISabled Rights Advocate

Work Phone: 415.665.1178

Employer: —

Business Address: Box 22162

Zip: 94122

Business E-Mail: tatiana.kostanian@sbcglobal.net  
Home E-Mail

— @sbcglobal.net

**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)

Please kindly review attached. 3 pages - updated page on 1st page

**Education:**

Please kindly refer to two

**Business and/or professional experience:**

Please kindly refer to pg. 1-2-3

**Civic Activities:**

Please kindly refer to pg. 1-2-3

Ethnicity: (optional) American/Spanish/Russian 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 1, 2010 Applicant's Signature: (required) Tatiana A. Kostanian

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

**FOR OFFICE USE ONLY:**  
 Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Seat was Vacated: \_\_\_\_\_

*Work Status*

2010 Community Service

Name: Tatiana A. Kostanian

Address: 26<sup>th</sup> Avenue – Business Address: Box 22162 – San Francisco, Ca. - 94122.3218

Home Phone: 415. Fax: 415. [please call to connect fax machine]

E-mail: @sbcglobal.net

Continuation of Community Involvement and Programs from 1962 – Present:

Hold Help-Support Line for Lives with Multiple Sclerosis/Multiple Sclerosis Society Northern CA. Since 1962  
Hold Help Support Line and Website for Lives with compounded and profound disabilities MHONA-Since 1962  
Since 2009-Hold Yearly Event-Address *Directly* Issues Facing Disabled, Elderly Civilians lives locally/globally

\*Boards Served on and Volunteerism:

San Francisco Mayors Disability Council – From: 2003 to Present  
Executive Mayors Disability Board  
Physical Access Committee  
Mayors Disability Disaster Preparedness Committee

In Home Services For The Elderly and Disabled – From : 2008 to Present

Work Status

Tatiana A. Kostanlan  
 Home : — 28th Avenue  
 Business : Box 22162  
 San Francisco - CA - 94122,3218 - U. S. A.  
 Home Phone - 415 —

**PERSONAL**

Energetic, enthusiastic, hard working senior citizen.

**EDUCATION**

4 years High School - George Washington High - Graduated 1962  
 6 mos. City College

**EMPLOYMENT**

2 years Clerk/Typist - *Milens Jewelry - Family Business*  
 Worked as clerk/typist in office and interacted with staff and public

2 years Clerk/Receptionist - *Fairmont Hotel*  
 Worked as clerk/typist, receptionist. Interacted with both staff and public.

4 years Receptionist/Typist - *Liberty Mutual Insurance - 8 member staff*  
 Worked as clerk/typist/receptionist. Interacted with both staff and public

5 years Secretary/typist/receptionist - *Mutual of New York - 8 member staff*  
 Worked as secretary/typist/receptionist. Interacted with both staff and public

14 years Secretary/receptionist - *American President Lines*  
 Worked in Purchasing Department for 7 buyers  
 Worked as secretary/receptionist. Interacted with both staff and public

3 years Bank Of America - Public Affairs - Fred Martin's Department - 14 member staff  
 Public Affairs - Worked as secretary/receptionist. Interacted with both staff and public  
 Real Estate Div. - Executive Secretary To Ken Palla - Mr. Palla reported directly to Mr. Sam Armacost

3 years Medical Secretary - Receptionist - *University of California Hospital - 17 member staff*  
 Worked as medical secretary/receptionist. Interacted with 17 member staff, and public

1 year Worked on Gavin Newsom Mayoral Campaign - San Francisco - California  
 Data entry, answered phone, interacted with public and staff members

**LANGUAGES**

English

**Skills**

Type 78 wpm. PC or Macintosh.  
 Enjoy working with both staff and public

Please see attached page in regards to public community service.

**Personal References**

Inspector Gregory Ovanessian - Fraud Division - San Francisco Police Department  
 Susan Keller - San Francisco Coroner's Office  
 Dr. Tina Tong Yee - San Francisco Mental Health  
 Harold J. Truett III - Attorney At Law  
 Dr. Ulrich Berg - Psychologist

Community Service

Name: Tatiana A. Kostanian

Address : — - 26th Avenue - Business Address : Box 22162 - San Francisco, Ca. - 94122.3218  
Home Phone : 415: — - Fax : 415: — 3 [Please call to connect fax machine] - E-mail : : — @msn.com\*Community Involvement From 1962 - Present :

Church Support Group - Presidio of San Francisco - Religious Activities Center  
 MHONA - Founded/Established Non Profit - A. 501 - C - 3 [Est. 1962]  
 Offering Private Self-Help Support Group(s) - Community Meetings - Etc.  
 University of California - Support Group By/For Diverse Communities Facing Disabling Issues -  
 [Violence-Disabilities-Etc.]

\*Boards Served On and Volunteerism :

San Francisco City College - Served on Board For The Homeless  
 San Francisco General Hospital - CAB Board  
 San Francisco Non Profit Organisation(s) Along W/S.F. Police Dept. Address Youth Violence & Prevention Issues  
 [my Husband's Cousin Serves as Inspector w/San Francisco Police Fraud Unit - Inspector Gregory Ovanessian]  
 San Francisco Sunset Neighborhood - Community Issues Outreaches  
 San Francisco Mental Health Consumer & Family Board - Mental Health Issues  
 San Francisco Mental Health Consumer - Family Health Council - Mental Health Issues  
 San Francisco Rotary Club - Disabled Representative - Advocate [Secretary]  
 San Francisco Coalition For Global Change - Advocacy For UN  
 Pathways To Peace - Supportive Affiliation - A United Nations Connect And Outreach For Children

\*Volunteer[ing] in San Francisco : From age 15 to 60 years of age :

Red Cross - And for Armed Forces Back From War [Hospitals in/around Bay Area of San Francisco]  
 San Francisco Letterman Hospital - Sang for Veterans Back from Vietnam [many airlifted to Letterman asap]  
 [Volunteered personal time reading, writing letters for Veterans]  
 San Francisco Russian Center - Sang for Russian-American Community [& recent emigre' their families]  
 San Francisco USO-Private Homes/and Concerns & for Noted Personalities  
 San Francisco Laguna Honda Hospital - Sang For Elderly, Disabled Patients Their families, and community  
 San Francisco MHONA - Served disabled community [with mental/physical disabilities, their families, loved ones  
 [Includes issues of : psd, dissociation, schizophrenia, many other mental/physical health issues]  
 [Accompanied many to court, as well their family members-Offering all counseling [self-help, free outreach]  
 [Offered : additional support of clothes, furniture, money, gaining meds. Where qualified: physicians support  
 referral(s), attorney's, etc. ; added support of mental health needs, where possible and needed]  
 Offer a community Warm Phone Support Line for Disabled Community(ies)

\*Community Programs:

Held Yearly Golden Gate Park Programs at San Francisco Golden Gate Park Band Shell - For/By Disabled Communities  
 Started Program & Awareness of Working In/For Golden Gate Park To Improve & Enhance Rhododendron Grove  
 [As a Special Roll-Way Entrance/Exit Interface For/with Disabled lives]  
 Started A Youth Awareness Award(s) Luncheons to "Empower Youth with/Cross-Disabilities" [with Ha's Restaurant]  
 Hold Social Support Group For Consumers w/Mental/Physical Disabilities-Family-Loved Ones-Community-Caregivers  
 [\*Reaching For The Stars\* -A Lunch Program with Consumer Entertainers - Poets - Musicians - Vocalists - Bands, etc.]  
 Work Yearly with SF Mental Health on a program I started, \* "Reaching For The Stars" whereby consumers share their  
 talents and poetry at the San Francisco Public Library.

\*Commendations - Awards :

Received : Commendation - Award From San Francisco State Legislature For MHONA International  
 Commendation - From : United States House of Representatives & United States Congress  
 From Mayor's Office - Gained "A Day of Remembrance To Remember A Day For/By Disabled Lives" [ & Profoundly]  
 By All Communities in San Francisco. Other miscellaneous awards from San Francisco communities

*Many above service(s) through years, offered whilst maintaining full time job(s) working 8 hr. a day, + married, raising 1 child*

# Mayor's Office on Disability



Gavin Newsom  
Mayor  
Susan Mizner  
Director

December 28, 2007

Angela Calvillo, Clerk of the Board  
City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102-4689

Re: MDC Appointment to Public Authority Governing Body

Dear Ms. Calvillo:


I am writing to inform you that Elizabeth Grigsby was unable to fulfill her duties as the Mayor's Disability Council (MDC) representative on the San Francisco IHSS Public Authority Governing Body. The MDC is recommending to the Rules Committee and the Board of Supervisors that Tatiana Kostanian be appointed to replace Ms. Grigsby on the Authority board.

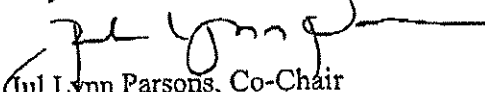
Ms. Kostanian has proven herself a valuable member of the MDC and is very interested in issues affecting low-income older adults and people with disabilities. We feel she is a strong candidate for the Public Authority Governing Body. If you have any questions, please feel free to contact me at (415) 554-6789.

Ms. Kostanian's contact information is as follows:

Tatiana Kostanian  
Box 22162  
San Francisco, Ca 94122 - 3218  
Voice: 415. \_\_\_\_\_  
Fax: 415. \_\_\_\_\_  
E-mail: \_\_\_\_\_@sbglobal.net

Thanks for your consideration,

  
Susan Mizner, Director  
Mayor's Office on Disability

  
Jul Lynn Parsons, Co-Chair  
Mayor's Disability Council



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 # 10

District: 5

Name: Ethel M. Richardson

Home Address: Church ST # 422

Zip: 94114

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

Occupation: Peer Mentor

Work Phone: \_\_\_\_\_

Employer: IHSS Public Authority

Business Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_

Home E-Mail: \_\_\_\_\_

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 was on the Public Authority Board 10 years. I'm a recipient in the IHSS program. I've been an activist for the program.  
Education: 12th Grade

Business and/or professional experience:

I'm a CNA, Had 30 years experience in the medical field. Over 20 years in homecare

Civic Activities:

Leader for Local 250, union organizing. Attend rallies, went to Sacramento to protest acts for seniors and persons with disabilities.

Ethnicity: (optional) African-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: 2/16/10 Applicant's Signature: (required) Ethel M. Richardson

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

Date Printed: March 9, 2010

Date Established:

June 9, 1995

Active

**IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY**

**Contact and Address:**

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In-Home Supportive Services Public Authority  
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Fax:

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**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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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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Sunset Date: None

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