

File No. 110493

Committee Item No. 5  
Board Item No. \_\_\_\_\_

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

Committee: Rules

Date 5/5/11

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 checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Form 700</u> |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____           |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____           |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____           |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____           |

Completed by: Linda Wong

Date 5/2/11

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  
San Francisco, California 94102-4689  
(415) 554-5184 FAX (415) 554-7714**

RECEIVED SUPERVISORS  
BOARD OF SUPERVISORS  
SAN FRANCISCO  
2011 APR 20 PM 4:04  
BY *[Signature]*

**Application For Boards, Commissions and Committees**

Application for Appointment to: Advisory Council to Dept of Aging + Adult Services  
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If Applicable): \_\_\_\_\_

Print Name: Vera Haile

Home Address: --- 44th Ave, San Francisco, CA Zip 94121

Home Phone: (415) --- Occupation: Retired social Worker/Director

Work Phone: --- Employer: None

Business Address: None Zip: \_\_\_\_\_

E-Mail Address: ---@prodigy.net Fax #: 752-5400 (cell Act)

Are you a United States citizen?  Yes  No (Citizenship is a mandatory requirement for all appointments)  
Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony?  
 Yes  No. (If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of those conviction(s), and the court(s) that convicted you.)

Education: MSW, Univ. of Calif. at Berkeley, BA Antioch College, Yellow Springs, Ohio, Berkeley Professional Studies in India Program.

Business and/or professional experience: Comm. Senior Center, Exec. Dir. 1983-96, Self-Help for the Elderly, Ast. Dir. 1970-1983, CCSF Human Services Agency, County Services Rep 1968-70.

Civic Activities: Long Term Care Coordinating Council, Immigrant Rights Commission, HSS Health Task Force of P.E.C.C., Self-Help for the Elderly Program Committee, American Friends service Committee's Community Relations Committee, Community Living Campaign

Other Personal Information: (optional) Democratic Women's Club Forum

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

Have you attended any meetings of the Board/Commission to which you wish appointment?  Yes  No  
Would you be able to attend night meetings? \_\_\_\_\_ Day meetings? \_\_\_\_\_ Either  \_\_\_\_\_  
Please state your qualifications (attach supplemental sheet if necessary) Extensive experience working with elderly in San Francisco

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.)

Date: 4-11-11 Applicant's Signature: (required) Vera Haile  
Please Note: Your application will be retained for one year.

**FOR OFFICE USE ONLY:**

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

VERA HAILE  
— — 44<sup>th</sup> Avenue  
San Francisco, CA 94121  
(415) —

Currently I am retired and serve on the following Commission and Committees.

San Francisco Immigrant Rights Commission

Advisory Council to the Dept. of Aging and Adult Services

Aging and Adult Services Long Term Care Coordination Council, co-chair of the  
LTCCC Mental Health Access Workgroup.

In-home Supportive Services and Health Committee, Planning for Elders in Central City  
Coalition of Agencies Serving the Elderly (CASE)

American Friends Service Committee, Regional Community Relations Committees

Community Living Campaign

**PREVIOUS EMPLOYMENT:**

North of Market Senior Services (now Curry Senior Center), 333 Turk Street, San  
Francisco. Executive Director, 1983-96.

Self-Help for the Elderly, 407 Sansome St., San Francisco. Assistant Director, 1970-83.

San Francisco Department of Social Services, 180 Otis Street, San Francisco, Community  
Services Representative, 1968-70.

Berkeley Professional Studies in India Program and Delhi Department of Urban  
Community Development, 1967-68.

San Francisco Human Rights Commission, 25 Van Ness Avenue, 8<sup>th</sup> floor, San  
Francisco. Social Welfare Intern, 1966-67.

Social Service Dept. Veterans Administration Hospital, Fort Miley, San Francisco. Case  
worker, 1965-66.

Youth for Service, 25 – 14<sup>th</sup> Street, San Francisco. Administrative Assistant, 1961-65.

American Friends Service Committee, 65 Ninth Street, San Francisco. Community  
Relations Program Associate, 1959-61.

**EDUCATION:**

University of California School of Social Welfare, Berkeley, CA. Masters of Social  
Welfare with a major in community organization and administration, 1967.

Antioch College, Yellow Springs, Ohio, Bachelor of Arts Degree with a major in  
philosophy and literature, 1957.

3/2011

Member, Board of Supervisors  
District 1

市參議員、第一區



City and County of San Francisco

ERIC MAR

馬兆光

To: Linda Wong  
Rules Committee Clerk

April 20, 2011

I am writing to give notice that I wish to reappoint Ms. Vera Haile as the District 1 representative on the Advisory Council to the Department of Aging and Adult Services. Her application, resume, and Form 700 are enclosed.

Sincerely,

A handwritten signature in black ink, appearing to be "Eric Mar", written over a horizontal line.

Eric Mar  
Supervisor, District 1

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO  
2011 APR 20 PM 4:04  
BY \_\_\_\_\_

STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE

Date Received  
 Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Haile Dalenberg, Vera

1. Office, Agency, or Court

Agency Name Immigrant Rights Commission Your Position COMMISSIONER  
 Division, Board, Department, District, if applicable

► If filing for multiple positions, list below or on an attachment.

Agency: n/a Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County \_\_\_\_\_
- City of San Francisco
- Judge (Statewide Jurisdiction)
- County of San Francisco
- Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2010, through December 31, 2010.  
 -or-  
 The period covered is \_\_\_\_\_ through December 31, 2010.
- Assuming Office: Date \_\_\_\_\_
- Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2010, through the date of leaving office.
- The period covered is \_\_\_\_\_ through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 1

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
44th Avenue San Francisco, CA 94121  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
(415) \_\_\_\_\_ @prodigy.net

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-4-11  
 (month, day, year)

Signature Vera Haile Dalenberg  
 (File the originally signed statement with your filing official.)

San Francisco  
BOARD OF SUPERVISORS

Date Printed: April 26, 2011

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

