

File No. 100260

Committee Item No. 2

Board Item No. 21

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules

Date March 18, 2010

Board of Supervisors Meeting

Date 3/30/10

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 checked="" type="checkbox"/> | <input checked="" 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 March 12, 2010

Completed by: L.W.

Date 3/25/10

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 Patricia Webb, Elva Hernandez, Kelly Dearman, James Illig, Tatiana**
4 **Kostanian and Ethel Richardson, terms ending March 1, 2013, to the In-Home**
5 **Supportive Services Public Authority, residency requirement waived.**

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

13 Patricia Webb, seat 2, succeeding herself, must be a consumer between the ages of
14 18 and 60, authorized to represent organizations that advocate for younger people with
15 disabilities, for the unexpired portion of a three-year term ending March 1, 2013.

16 Elva Hernandez (residency requirement waived), seat 4, succeeding herself, must be a
17 worker who provides personal assistance services to a consumer, for the unexpired portion of
18 a three-year term ending March 1, 2013.

19 Kelly Dearman, seat 6, succeeding herself, must be a member of the Human Services
20 Commission, recommended to the Board by the Commission, for the unexpired portion of a
21 three-year term ending March 1, 2013.

22 James Illig, seat 8, succeeding himself, must be a member of the Health Commission,
23 recommended to the Board by the Commission, for the unexpired portion of a three-year term
24 ending March 1, 2013.

25

Rules Committee

BOARD OF SUPERVISORS

1 Tatiana Kostanian, seat 9, succeeding herself, must be a member of the Mayor's
2 Disability Council, recommended to the Board by the Council, for the unexpired portion of a
3 three-year term ending March 1, 2013.

4 Ethel Richardson, seat 10, succeeding herself, must be a consumer over the age of 55,
5 authorized to represent organizations that advocate for aging people with disabilities, for the
6 unexpired portion of a three-year term ending March 1, 2013.

7 FURTHER MOVED, That the Board of Supervisors makes the following findings:

- 8 1. The membership of the In-Home Supportive Services Public Authority has a goal to
9 be representative of the diversity of the City and County of San Francisco.
- 10 2. Applicant Elva Hernandez, appointee, who is not a resident of San Francisco, is a
11 person with experience that uniquely qualifies her to serve on the In-Home
12 Supportive Services Public Authority.
- 13 3. The In-Home Supportive Services Public Authority has attempted to fill the position,
14 for which Elva Hernandez was nominated, with an individual who is a City resident
15 and who has the specific experience, skills, and qualifications, but has been unable
16 to do so at this time. The Rules Committee has certified that Elva Hernandez is
17 qualified to serve on the In-Home Supportive Services Public Authority.
- 18 4. After exercising due diligence, the Board of Supervisors concludes that there is no
19 other possible representative, who is a resident of San Francisco and who has the
20 specific experience, skills, or qualifications possessed by this applicant, and who is
21 willing to serve on the In-Home Supportive Services Public Authority at this time;
22 and, be it
23

24 FURTHER MOVED, That the Board of Supervisors waives the residency requirement
25 for Elva Hernandez, as allowed in cases where no qualified City resident, willing to serve, can

Rules Committee

BOARD OF SUPERVISORS

1 be found, pursuant to Section 4.101 of the City Charter that requires person(s) appointed to
2 boards, commissions, and advisory bodies established by legislative act of the Board of
3 Supervisors to be resident(s) of the City and County of San Francisco.
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Rules Committee

BOARD OF SUPERVISORS



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) [Signature]

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
(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 #4

District: Ø

Name: Olivia 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) [Signature]
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
(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 #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

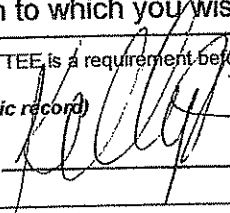
Civic Activities:

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) 

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

(415) 557-6431

P.O. Box 7988

San Francisco, California 94120



**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 Institut
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

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>

April 24, 2004

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 & Disabled Right 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 ——— 26th 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. Kostianko
 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 Ovanesian - 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 : — 28th Avenue - Business Address : Box 22162 - San Francisco, Ca. - 94122.3218

Home Phone : 415: — - Fax : 415: — 1 [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 : PTSD, 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.

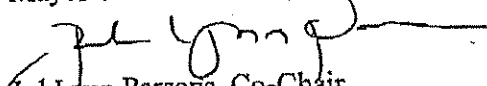
Ms. Kostanian has proven herself a valuable member of the MDC and is very interested in issues affecting low-income older adults and people with disabilities. We feel she is a strong candidate for the Public Authority Governing Body. If you have any questions, please feel free to contact me at (415)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

Thanks for your consideration,


Susan Mizner, Director
Mayor's Office on Disability


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

401 Van Ness, Room 300, San Francisco, CA 94102

415.554.6789
415.554.6799 TTY

415.554.6159 fax
MOD@sfgov.org



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 for 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: _____

San Francisco
BOARD OF SUPERVISORS

Date Printed: March 9, 2010

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@sfihsspa.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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San Francisco
BOARD OF SUPERVISORS

Sunset Date: None

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