

File No. 100426

Committee Item No. 3  
Board Item No. 15

### COMMITTEE/BOARD OF SUPERVISORS

#### AGENDA PACKET CONTENTS LIST

Committee: Rules

Date April 15, 2010

Board of Supervisors Meeting

Date 4/27/10

#### 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 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)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<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 April 9, 2010

Completed by: L.W.

Date 4/21/10

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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

[Appointment, In-Home Supportive Services Public Authority]

**Motion appointing Kenzi Robi, term ending March 1, 2012, to the In-Home Supportive Services Public Authority.**

**MOVED:** That the Board of Supervisors of the City and County of San Francisco does hereby appoint the following designated person to serve as a member of the In-Home Supportive Services Public Authority, pursuant to the provisions of Welfare and Institutions Code Section 12301.6, and Board of Supervisors Ordinance Nos. 185-95 and 55-05, for the term specified:

Kenzi Robi, seat 5, succeeding Mike Boyd, term expired, must be consumer at-large between the ages of 18 and 60, for the unexpired portion of a three-year term ending March 1, 2012.



**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 #5 Consumer-at-large District: 3

Name: KENZI ROBI

Home Address: BAY ST., APT. 1025, S.F., CA. Zip: 94133

Home Phone:                      Occupation: PEER MENTOR, ARTIST

Work Phone: SAME Employer: SERGIO B. ALUNAN, PM Program

Business Address: SAME Zip:                     

Business E-Mail: KENZISART@YAHOO.COM Home E-Mail: SAME

**Check All That Apply:**

A citizen of the                      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): NORTH BEACH

Please state your qualifications (attach supplemental sheet if necessary)

I'M VERY ARTICULATE, OPEN-MINDED AND AN OBSERVANT CONSUMER. A CLIENT OF IHSS SINCE 1994.

**Education:**

ATTENDED CITY COLLEGE TO STUDY GRAPHIC ARTS. ATTENDED PEER MENTOR ORIENTATION.

**Business and/or professional experience:**

WORKING AS PEER MENTOR AT LAGUNA HONDA HOSPITAL, AND GENERAL HOSPITAL. ALSO IN HOMES, STREET ARTIST.

**Civic Activities:**

MADE A SPEECH DURING 'CAPITAL ACTION DAY' IN SACRAMENTO. ADVOCATING FOR CLIENTS AND FRIENDS.

Ethnicity: (optional) AA 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: 3-19-10 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:                     

RECEIVED  
 BOARD OF SUPERVISORS  
 2010 MAR 29 AM 9:41



I H S S  
In-Home Supportive Services  
Public Authority

March 29, 2010

The Honorable David Campos  
Board of Supervisors Rules Committee  
City Hall, Room 263  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102

Dear Committee Chair Campos:

On behalf of the IHSS Public Authority Governing Body, I write to recommend Kenzi Robi to fill Seat #5 (Consumer at-large between the ages of 18 and 60) on the Public Authority board. I agree with the unanimous support of our Governing Body officers to commend Mr. Robi's appointment to you. We think he will make a fine addition to Public Authority work.

Kenzi Robi, a longtime IHSS consumer, is a former Laguna Honda resident who has been living successfully in the community for several years now. Besides his work as an artist, he has proven a very effective Peer Mentor in our Consumer Peer Mentor Program. Mr. Robi would ably represent younger adults with disabilities, is articulate and has recently become more interested in advocacy. He spoke at Disability Capitol Action Day in Sacramento last year and has testified locally on behalf of IHSS.

Again, the IHSS Public Authority heartily endorses Kenzi Robi and strongly encourages the Rules Committee to recommend his appointment to our Governing Body to the Board of Supervisors. Please let me know if you have any concerns about his appointment or have other questions.

Sincerely,

Donna Calame  
Executive Director

Cc: The Honorable Michela Alioto-Pier  
The Honorable Eric Mar  
Angela Calvillo, Clerk of the Board  
Linda Wong, Rules Committee Clerk  
Alice Wong, IHSS Public Authority Board 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: In-Home Supportive Public Authority  
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): Consumer charge

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

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: \_\_\_\_\_

RECEIVED  
 BOARD OF SUPERVISORS  
 STATE OF CALIFORNIA  
 2010 FEB 16 AM 11:37  
 BY SK

# Idell Wilson

↓  
Gilman St.  
San Francisco, Ca 94124  
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

San Francisco  
BOARD OF SUPERVISORS

Date Printed: April 6, 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

"R Board Description" (Screen Print)

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.

"R Board Description" (Screen Print)



San Francisco  
BOARD OF SUPERVISORS

Sunset Date: None

"R Board Description" (Screen Print)

