

File No. 120215

Committee Item No. 3

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules

Date 3/29/12

Board of Supervisors Meeting

Date _____

Cmte Board

- | | | |
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| <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 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 |
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OTHER

(Use back side if additional space is needed)

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Completed by: Linda Wong

Date 3/26/12

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
(415) 554-5184 FAX (415) 554-7714

RECEIVED
BOARD OF SUPERVISOR
SAN FRANCISCO

Application for Boards, Commissions and Committees

2012 FEB -8 AM 10:59
RSC

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 Rotti

Home Address: Bay St., Apt. 1025 SF, CA Zip: 94133

Home Phone: (415) _____ Occupation: Peer Mentor, Artist

Work Phone: Same Employer: Consumer Peer Mentor Program

Business Address: Same Zip: _____

Business E-Mail: Kenzisart@yahoo.com Home E-Mail: Same

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'm very articulate, open-minded and an observant consumer, IHSS recipient since 1994.

Education:

Attended City College to study Graphic Arts.
Completed Peer Mentor training.

Business and/or professional experience:

Work as a Peer Mentor at Laguna Honda Hospital and SF General Hospital. Also in homes. Street artist.

Civic Activities:

Made speeches during Capitol Action Day in Sacramento. Advocating for clients and friends. 2010 Natl. Disability Inst. Video Contest winner.

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: 2/7/12 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: _____



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City and County of San Francisco
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RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO

Application for Boards, Commissions and Committees

Application for Appointment to: IHSS Public Authority Governing Body ROC
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): Seat #7 District: 8
Name: GUSTAVO SERINA
Home Address: DOUGLASS ST., SAN FRANCISCO, CA Zip: 94114-2424
Home Phone: (415) — Occupation: WRITER
Work Phone: N/A Employer: N/A
Business Address: N/A Zip: —
Business E-Mail: N/A Home E-Mail: — 2AOL.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).
MEMBER OF THE SAN FRANCISCO COMMISSION ON AGING & ADULT SERVICES
SINCE 2004. PAST PRESIDENT & CURRENT VP OF COMMISSION.

Education: MA SAN FRANCISCO STATE
BA UNIVERSITY OF SAN FRANCISCO

Business and/or professional experience:
BANK OF AMERICA 1981-2000: VP FINANCE, PROJECT MANAGEMENT,
CHIEF OF STAFF

Civic Activities: PRESIDENT, CASTRO/UPPER MARKET COMMUNITY BENEFITS DISTRICT
MEMBER, BOARD/STEERING COMMITTEE RAIN BOW HONOR WALK
PAST PRESIDENT, EUREKA VALLEY NEIGHBORHOOD ASSOCIATION

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: 2/04/12 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: _____



September 25, 2007

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

RE: DAAS/AASC Appointment to Public Authority Governing Body

Dear Ms. Calvillo:

I am writing to inform you that Anita Aaron resigned in June 2007 from both the Aging & Adult Services Commission (AASC) and subsequently her seat (#7) on the San Francisco IHSS Public Authority Governing Body. The AASC and DAAS are recommending to the Rules Committee and the Board of Supervisors that AASC President Gustavo Serifiá be appointed to serve out the remaining portion of Ms. Aaron's term on the Authority Board.

Mr. Serifiá has proven himself a valuable member of the AASC and is very interested in issues affecting low-income older adults and people with disabilities. We feel he is an ideal candidate for the Public Authority Governing Body. If you have any questions, please feel free to contact me at (415) 355-6789.

Thank you,

A handwritten signature in dark ink, appearing to read "E. Anne Hinton", written over a horizontal line.

E. Anne Hinton
Executive Director



Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-7714

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO

Application for Boards, Commissions and Committees

Application for Appointment to: San Francisco IHSS Public Authority Governance
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): Seat #11

District: 5

Name: Luis Calderon

Home Address: —, Fillmore St. #307 SF, CA

Zip: 94117

Home Phone: 415- — Occupation: Director, Placement TCM

Work Phone: 415-401-2619 Employer: SF Dept. of Public Health

Business Address: 2712 Mission St. Lower Level SF, CA Zip: 94110

Business E-Mail: Luis.Calderon@sfdph.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)

18+ years experience serving low-income families, seniors and people with disabilities

Education:

Development Director Certificate, USF (March 1996)

B.A. Psychology, SFISU (May 1993)

Business and/or professional experience:

Former Project Coordinator at Public Authority, member Long Term Care Coordinating Council (LTCCC), see resume attached

Civic Activities:

See resume attached.

Ethnicity: (optional) Latino

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: 2/8/12 Applicant's Signature: (required) Luis Calderon

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

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

LUIS CALDERON

— Fillmore Street #307
San Francisco, CA. 94117
(415) —

Program Development

• Advocacy

• Leadership

- Over 15 years of experience serving low income families, seniors and people with disabilities
- Excellent advocacy skills both for individuals and system wide changes
- Experienced working with proven home community based services serving seniors and people with disabilities
- Bilingual in Spanish and English.

RELEVANT EXPERIENCE:

LEADERSHIP AND MANAGEMENT SKILLS

- Developed and implemented policies and programs for seniors and people with disabilities in San Francisco and the State of California.
- Led agency in the development of an innovative model for homecare, coordinating services with government and community agencies.
- Hired, trained and supervised homecare registry personnel, support staff and volunteers.

TRAINING AND ADVOCACY

- Developed and conducted a multitude of workshops on subjects ranging from disability, subsidized housing, and spinal cord injury prevention.
- Successfully advocated for disability and homecare issues with county and state policy makers and elected officials
- Advised and assisted clients on developing educational and vocational goals.

COUNSELING AND REFERRAL

- Counseled low-income clients on tenant's rights, subsidized housing, and accessing community-based services.
- Assisted elderly and disabled consumers in finding and retaining homecare workers.
- Interviewed, assessed, and counseled hospital patients about reentering the community as disabled individuals.

PROFESSIONAL ACTIVITIES:

- Member of the Long Term Care Coordinating Council
- Current Vice-President, and former President of the Aging and Adult Services Advisory Council
- Member, Planning for Elders in Central City:
In-Home Supportive Services Task Force
- Member, Paratransit Coordinating Council
- Member, Access Board for the Fine Arts Museums of San Francisco
- Founder and Chair, Consumers In Action for Personal Assistance
- Former Board Member, Tenants and Owners Development Corporation
- Former Board Member, Independent Living Resource Center, San Francisco

EMPLOYMENT/WORK:

San Francisco Department of Public – Targeted Case Management Program, San Francisco
Director of the Targeted Case Management Program - January 14, 2008 to present

San Francisco Public Authority, San Francisco, CA

Project Coordinator

Program Manager

Project Coordinator

Placement Coordinator

February 2006 to January 2008

August 2001 to January 2006

January 2000 to July 2001

June 1996 to December 1999

Coalition for Low Income Housing, San Francisco, CA

Housing Counselor

August 1993 to June 1996

Independent Living Resource Center, San Francisco, CA

Attendant Referral/Peer Counselor

October 1991 to October 1992

California Spinal Cord Injury Network, Santa Rosa, CA

Volunteer Peer Counselor/Translator

January 1987 to October 1993

EDUCATION:

Development Director Certificate

University of San Francisco

March 1996

Bachelors of Arts, Psychology

San Francisco State University

May 1993

San Francisco
BOARD OF SUPERVISORS

Date Printed: March 6, 2012

Date Established:

June 9, 1995

Active

IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY

Contact and Address:

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

Phone: (415) 593-8117

Fax:

Email: phoctel@sfihsppa.org

Authority:

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

Board Qualifications:

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

Membership categories on the governing body shall be as follows:

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

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.

San Francisco
BOARD OF SUPERVISORS

Sunset Date: None

"R Board Description" (Screen Print)