



500 Ellinwood Way Ste. 110, Pleasant Hill, CA 94523
Phone: 925-363-6690 • Toll Free: 1-800-333-1081 • Fax 925-363-6697

To: Family and Human Services Committee
From: Elizabeth Dondi, Executive Director
Date: February 5, 2020
Subject: IHSS Public Authority Advisory Committee Reappointment

Current Status/Request

Consumer Seat Under 60 – Seat 1 is up for Reappointment

Wilson Cheng has held Seat 1 for Consumers under 60 and is requesting reappointment. His current term expires on 3/6/2020 and if reappointed, his new term would end in March 2024. Mr. Cheng has been an active member of the committee. Please see attached application and letter of interest.

Mr. Wilson Cheng resides in El Cerrito City District I. Other filled at large seats include:

1. Consumer Under 60 Seat 2 – residency in Walnut City District V
2. Consumer 60 or Older Seat 1 – residency in San Pablo City District I
3. Consumer Any Age Seat 3 – residency in Concord City District IV
4. Consumer Any Age Seat 4 – residency in Pleasant Hill City District IV

Outreach

Advisory Committee consumer vacancies are posted on the Public Authority web page on EHSD Website and at the Public Authority lobby through the use of recruitment flyers. These flyers are also distributed at provider orientations and at consumer/provider trainings.

Recommendation

I hereby recommend that Mr. Cheng be reappointed to his seat on the IHSS Advisory Committee. He has done an outstanding job of providing input at meetings and has an excellent attendance. He is an advocate for seniors and for those with disabilities. He has provided sound guidance and suggestions on IHSS program policies and procedures.

Thank you for your consideration in this matter. I look forward to hearing from you regarding the committee's recommendation. I can be reached at 3-6671 or via email at edondi@ehsd.cccounty.us.



Contra
Costa
County

Please return completed applications to:

Clerk of the Board of Supervisors

651 Pine St., Room 106

Martinez, CA 94553

or email to: ClerkofTheBoard@cob.cccounty.us

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

First Name

Last Name

Home Address - Street

City

Zip Code

Phone (best number to reach you)

Email

Resident of Supervisorial District:

EDUCATION

Check appropriate box if you possess one of the following:

High School Diploma

CA High School Proficiency Certificate

G.E.D. Certificate

Colleges or Universities Attended	Course of Study/Major	Degree Awarded	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other Training Completed:

Board, Committee or Commission Name

Seat Name

Have you ever attended a meeting of the advisory board for which you are applying?

No

Yes

If yes, how many?

Please explain why you would like to serve on this particular board, committee, or commission.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

I am including my resume with this application:

Please check one:

Yes

No

I would like to be considered for appointment to other advisory bodies for which I may be qualified.

Please check one:

Yes

No

Are you currently or have you ever been appointed to a Contra Costa County advisory board?

Please check one: Yes No

List any volunteer and community experience, including any boards on which you have served.

Do you have a familial relationship with a member of the Board of Supervisors? (Please refer to the relationships listed below or Resolution no. 2011/55)

Please check one: Yes No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the county, such as grants, contracts, or other economic relationships?

Please check one: Yes No

If Yes, please identify the nature of the relationship:

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publicly accessible. I understand and agree that misstatements and/or omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

Signed: _____ **Date:** _____

Submit this application to:
Clerk of the Board of Supervisors
651 Pine St., Room 106
Martinez, CA 94553

Questions about this application? Contact the Clerk of the Board at (925) 335-1900 or by email at ClerkofTheBoard@cob.cccounty.us

Important Information

1. This application and any attachments you provide to it is a public document and is subject to the California Public Records Act (CA Government Code §6250-6270).
2. All members of appointed bodies are required to take the advisory body training provided by Contra Costa County.
3. Members of certain boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
4. Meetings may be held in various locations and some locations may not be accessible by public transportation.
5. Meeting dates and times are subject to change and may occur up to two (2) days per month.
6. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.
7. As indicated in Board Resolution 2011/55, a person will not be eligible for appointment if he/she is related to a Board of Supervisors member in any of the following relationships: mother, father, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, great-granddaughter, first-cousin, husband, wife, father-in-law, mother-in-law, daughter-in-law, stepson, stepdaughter, sister-in-law, brother-in-law, spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouses' grandson, registered domestic partner, relatives of a registered domestic partner as listed above.
8. A person will not be eligible to serve if the person shares a financial interest as defined in Government Code §87103 with a Board of Supervisors Member.

REAPPOINTMENT TO THE ADVISORY COMMITTEE – CONSUMER SEAT POSITION

Wilson Cheng
(510) 703-3172
Wcheng80@gmail.com

January 27, 2020

Elizabeth Dondi, Executive Director

Dear Mrs. Dondi:

My name is Wilson Cheng, and I have had the privilege of being on the Advisory Committee of the In Home Supportive Services Program Public Authority. My term expires in March of 2020. I would like to continue making contributions to this committee and other sub-committees that I have served on as a member. I feel that we have accomplished quite a lot thus far.

Serving on the Advisory Committee, as well as the Nominating and Advocacy Sub-Committees, of the In Home Supportive Services Program Public Authority has not only given me the opportunity to be an advocate for services that other people with disabilities will require in the future, if not immediately, but it has also opened my eyes to the importance of self-advocacy. I've also been given the opportunity to create and chair the Advocacy Sub-Committee; a sub-committee designated to bring the concerns of our consumers to the attention of the Board of Supervisors. While I serve on these committees as a consumer, I have had the opportunity to gain the knowledge to advocate for myself, along as other people with disabilities, by listening to and seeing the necessary aspects of both receiving care and providing care, from the perspectives of the providers and clients.

I am requesting that I be allowed to continue to be on the Advisory Committee as a Consumer in the Consumer Seat under 60.

Thank you for your consideration.

Sincerely,

Wilson Cheng