

Application Form

REDACTED

Profile

Susan

First Name

B

Middle Initial

Meltzer

Last Name

Home Address

Walnut Creek

City

Suite or Apt

CA

State

94598

Postal Code

Mobile: \_\_\_\_\_

Primary Phone

Email Address

Which supervisorial district do you live in?

District 4

Education

Select the option that applies to your high school education \*

High School Diploma

College/ University A

Name of College Attended

SUNY Stonybrook

Degree Type / Course of Study / Major

MSW

Degree Awarded?

Yes  No

College/ University B

Name of College Attended

SUNY Stonybrook NY

**Degree Type / Course of Study / Major**

BA psychology

**Degree Awarded?**

Yes  No

**College/ University C**

**Name of College Attended**

Suffolk county community college

**Degree Type / Course of Study / Major**

AAS criminal justice

**Degree Awarded?**

Yes  No

**Other schools / training completed:**

**Course Studied**

**Hours Completed**

**Certificate Awarded?**

Yes  No

**Board and Interest**

**Which Boards would you like to apply for?**

- Advisory Council on Aging: Submitted
- Alcohol and Other Drugs Advisory Board: Submitted
- Mental Health Commission: Submitted
- Local Enforcement Agency Independent Hearing Panel: Submitted

**Seat Name**

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

Yes  No

**If you have attended, how many meetings have you attended?**

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

Improve quality service By providing my professional experiences Offering solutions

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### **Qualifications and Volunteer Experience**

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

Yes  No

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

Yes  No

**List any volunteer or community experience, including any advisory boards on which you have served.**

Many years ago Lots of volunteers work No boards

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

Professional person Senior citizen Good person

[Upload a Resume](#)

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### **Conflict of Interest and Certification**

**Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?**

Yes  No

**If Yes, please identify the nature of the relationship:**

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

Yes  No

**If Yes, please identify the nature of the relationship:**

Please Agree with the Following Statement

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 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.

I Agree

| Service (Match)                   | Measure    | Rate        | # of Units | Budget        |
|-----------------------------------|------------|-------------|------------|---------------|
| TOTAL                             |            |             |            | \$ 208,050.00 |
| Indirect Costs:                   |            |             |            |               |
| Community Education on Caregiving | Activity   | \$ 2,000.00 | 3.00       | \$ 6,000.00   |
| Public Information on Caregiving  | Activity   | \$ 1,000.00 | 2.00       | \$ 2,000.00   |
| Information Services:             |            |             |            |               |
| Carer Legal Resources             | Contact    | \$ 170.00   | 2.00       | \$ 340.00     |
| Carer Interpreter Translation     | Contact    | -           | 0.00       | \$ 0.00       |
| Caring Info & Assistance          | Contact    | \$ 130.00   | 10.00      | \$ 1,300.00   |
| Carer Outreach                    | Contact    | \$ 150.00   | 20.00      | \$ 3,000.00   |
| Access Assistance:                |            |             |            |               |
| Caring Care (Partnership)         | Continuing | \$ 0.00     | 0.00       | \$ 0.00       |
| Supplemental Services:            |            |             |            |               |
| In-Home Personal Care             | Hour       | \$ 30.00    | 134.35     | \$ 4,030.50   |
| Respite Care:                     |            |             |            |               |
| Carer Case Management             | Hour       | \$ 175.00   | 5.00       | \$ 875.00     |
| Carer Training                    | Hour       | \$ 175.00   | 17.00      | \$ 3,025.00   |
| Carer Support Group               | Hour       | \$ 175.00   | 0.00       | \$ 0.00       |
| Carer Counseling                  | Hour       | \$ 107.00   | 17.00      | \$ 1,819.00   |
| Carer Assessment                  | Hour       | \$ 185.00   | 50.00      | \$ 9,250.00   |
| Support Services:                 |            |             |            |               |
| TOTAL (Match)                     |            |             |            | \$ 22,422.50  |
| Indirect Costs:                   |            |             |            |               |