<u>LETTER OF INTEREST</u> IN SERVING AS A MEMBER OF THE

EASTERN SIERRA AREA AGENCY ON AGING (ESAAA) ADVISORY COUNCIL

50% of the appointed members shall be aged 60	of nine (9) total members from the service area of Inyo and Mono Counties. At least O or above, including minority individuals and older individuals residing in rural areas. uraged. Members may not be employed by an entity currently in a subcontracting
Name:	Address:
Home Telephone:	Mobile Telephone:
E-mail:	Date:
The following information will be used to en California Code of Regulations and the California Code of Open Under 60 Under 60	nsure compliance with the requirements of the Older Americans Act, the Fornia Department of Aging.
Ethnicity (Please check only one): African American American Indian Caucasian/White Hispanic or Latin Native Hawaiian or Pacific Islander	or Alaska Native Asian Multiracial Other:
(Please check all that apply): Low income older adults Disabled persons Supportive services provider Health care provider Family caregiver defined as either (1) and home and community care to an older incorganic brain dysfunction; or (2) a grandpar or adoption, who is 55 years of age or olde legal relationship with the child such as legal individuals with leadership expertise in Other: Please provide a brief statement expressin	n adult family member, or other individual, who is an informal provider of individual with Alzheimer's disease or a related disorder with neurologic and rent or step-grandparent of a child, or a relative of a child by blood, marriage, r and who lives with the child, is the primary caregiver of the child, and has a all custody, guardianship or raising the child informally. private/voluntary sectors ag your interest in serving as an Advisory Council member:
Please sign here:	

Eastern Sierra Area Agency on Aging Please return completed form to:

163 May Street Bishop, CA 93514

Phone: (760) 873-3305 Fax: (760) 873-6505