

LETTER OF INTEREST
IN SERVING AS A MEMBER OF THE
EASTERN SIERRA AREA AGENCY ON AGING (ESAAA) ADVISORY COUNCIL

The ESAAA Advisory Council shall be comprised of nine (9) total members from the service area of Inyo and Mono Counties. At least 50% of the appointed members shall be aged 60 or above, including minority individuals and older individuals residing in rural areas. Cross-generational representation also is encouraged. Members may not be employed by an entity currently in a subcontracting relationship with ESAAA.

Name: _____ Address: _____
Home Telephone: _____ Mobile Telephone: _____
E-mail: _____ Date: _____

The following information will be used to ensure compliance with the requirements of the Older Americans Act, the California Code of Regulations and the California Department of Aging.

Age: 60 or over Under 60

Ethnicity (Please check only one):

- African American American Indian or Alaska Native Asian
 Caucasian/White Hispanic or Latino Multiracial
 Native Hawaiian or Pacific Islander Other: _____

Targeting efforts shall be made to ensure membership includes individuals from the following categories (Please check all that apply):

- Low income older adults
 Disabled persons
 Supportive services provider
 Health care provider
 Family caregiver defined as either (1) an adult family member, or other individual, who is an informal provider of in-home and community care to an older individual with Alzheimer's disease or a related disorder with neurologic and organic brain dysfunction; or (2) a grandparent or step-grandparent of a child, or a relative of a child by blood, marriage, or adoption, who is 55 years of age or older and who lives with the child, is the primary caregiver of the child, and has a legal relationship with the child such as legal custody, guardianship or raising the child informally.
 Individuals with leadership expertise in private/voluntary sectors
 Other: _____

Please provide a brief statement expressing your interest in serving as an Advisory Council member:

Please sign here:

Please return completed form to: Eastern Sierra Area Agency on Aging
163 May Street
Bishop, CA 93514
Phone: (760) 873-3305 Fax: (760) 873-6505