



APPLICATION/NOMINATION FORM

DATE: 3-21-22

APPLICANT/NOMINEE: Timothy F. SUCH

MAILING ADDRESS: po. box 6770, Eureka, CA 95502

PHYSICAL ADDRESS: [REDACTED]

TELEPHONE (Home): [REDACTED] (Cell) N/A

COMPUTER ACCESS: Yes No E-MAIL ADDRESS: public.trust.research@gmail.com

RECIPIENT PROVIDER FAMILY MEMBER OTHER: _____

ORGANIZATION MEMBERSHIP(S): Sierra club, ACLU, Nat'l Lawyers Guild

WHY ARE YOU INTERESTED IN JOINING THIS COMMITTEE? I have witnessed and experienced countless problems with IHSS programs.

TELL US A LITTLE BIT ABOUT YOURSELF: I almost died from a routine operation at St. Joe's Hospital & became semi-disabled. Thus, I am well aware of problems with disabilities and the state of California's "system" to help people w/ disabilities.

REFERENCES: Name, Phone Number & Relationship to Applicant

1. Ms. Melissa Birch - care giver [REDACTED]
2. Mr. Morris Getzels - lawyer I occasionally work for
(818) 881-8550

Applicants selected for appointment will be required to file Form 700, Statement of Economic Interest

✓ OK

Return completed form to: IHSS Advisory Committee c/o IHSS Public Authority

605 K Street

Eureka, CA 95501