



APPLICATION/NOMINATION FORM

DATE: 2/9/2022

APPLICANT/NOMINEE: (Applicant) Alissa Norman

MAILING ADDRESS: 139 5th Street, Eureka CA 95501

PHYSICAL ADDRESS: [REDACTED]

TELEPHONE (Home): [REDACTED]

COMPUTER ACCESS: x Yes No E-MAIL ADDRESS: [REDACTED]

RECIPIENT PROVIDER FAMILY MEMBER OTHER TCIL Community Advocate

ORGANIZATION MEMBERSHIP(S): Tri-County Independent Living

WHY ARE YOU INTERESTED IN JOINING THIS COMMITTEE? Advocating services for people living with disabilities is vital for a higher quality of life, and better access to life.

TELL US A LITTLE BIT ABOUT YOURSELF: I have been a provider, but not a recipient. I live with disabilities of my own. I advocate from a peer and systems perspective. I have a master's degree in Social Work. I work as a community Advocate at Tri-County Independent living. I love increasing access to life in any way I can. I enjoy strategizing and problem solving.

REFERENCES: Name, Phone Number & Relationship to Applicant

1. Eddie Morgan, [REDACTED] Executive Director
2. Carolyn Webb, [REDACTED] Office Manager

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

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

605 K Street

Eureka, CA 95501