



County of Humboldt
In Home Supportive Services
Advisory Committee
Eureka, CA 95501



APPLICATION/NOMINATION FORM

DATE: 11/9/20

APPLICANT/NOMINEE: Sarah Mixon

MAILING ADDRESS: [REDACTED] Eureka Ca. 95501

PHYSICAL ADDRESS: [REDACTED] Eureka Ca. 95501

TELEPHONE (Home) [REDACTED] (Cell) [REDACTED]

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

RECIPIENT: X PROVIDER X FAMILY MEMBER _____
OTHER _____

ORGANIZATION MEMBERSHIP(S): Forever Humboldt HSU Alumni, AASC (American Association of Service Coordinators)

WHY ARE YOU INTERESTED IN JOINING THIS COMMITTEE? I believe that helping people age in place is needed in this community. Our elderly and frail population are in need of advocates and navigators for services, especially in a rural community like Humboldt. I would like to be a voice for them. _____

TELL US A LITTLE ABOUT YOURSELF: I was an IHSS Care Provider for 18 years. I developed a passion for working with this population and am now a Service Coordinator for Silvercrest with my B.A. in Social Work. I have also been a recipient of IHSS and know this to be an invaluable service to those in need. With my background I am aware of all the challenges this program faces from within and without. I would like to help address this.

REFERENCES: Name, Phone Number & Relationship to Applicant

1. Kristen Nelson, Service Coordinator [REDACTED]
2. Cindy Vaughn IHSS Social Worker [REDACTED]

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