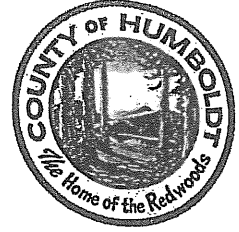




Dignity Independence



APPLICATION/NOMINATION FORM

DATE: 1/13/2023

APPLICANT/NOMINEE: Claudia Cranford

MAILING ADDRESS: [REDACTED]

PHYSICAL ADDRESS: same

TELEPHONE (Home): [REDACTED] (Cell)

COMPUTER ACCESS: Yes No E-MAIL ADDRESS: [REDACTED] *computer access is temporary*

RECIPIENT PROVIDER FAMILY MEMBER OTHER: Friend of recipient & provider

ORGANIZATION MEMBERSHIP(S): Past President Eureka Woman's Club; Past Secretary of United States Navy League.

WHY ARE YOU INTERESTED IN JOINING THIS COMMITTEE? Friends have told me and sounds useful

TELL US A LITTLE BIT ABOUT YOURSELF: Retired Registered Nurse. Worked for 6 1/2 years at Visiting Angels. I need to be useful.

REFERENCES: Name, Phone Number & Relationship to Applicant

- Andrew BuschKamp Friend [REDACTED]
- Susan Tatro Friend [REDACTED]

Applicants selected for appointment will be required to file Form 700, Statement of Economic Interest whatever that is, I have no economic interest.

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

605 K Street
Eureka, CA 95501