




County of Monterey
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Submitted application for

SANTA CRUZ-MONTEREY-MERCED-SAN BENITO-MARIPOSA MANAGED MEDICAL CARE COMMISSION

Email

This Form and its contents may be subject to the California Public Records Act, and as such may therefore be subject to public disclosure unless otherwise exempt under the act.

First Name

Janna

MI

A

Last Name

Espinoza

Address 1

City

Salinas

State

CA

Postal Code

93906

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. The following information helps track our recruitment and diversity efforts.

Ethnicity

White

Gender

Female

What district do you live in?

District 2

Primary Phone

Alternate Phone

Please identify how you prefer to be contacted.

Email

Are you currently serving on a County of Monterey Board, Commission, Committee or other Community Advisory Group?

No

Interests & Experiences

Please tell us about yourself and why you want serve

I am a lifelong resident of the central coast, I have two children with my husband of 20 years. My youngest daughter was born with 3 CCS qualifying conditions in 2022, we have had a very robust schedule of medical interventions and supports since she was airlifted from Natividad 5 hours after birth. I enjoy getting my hands in the dirt and growing food for the family, dyeing fibers using natural and local native resources, and embroidering in a huge variety of doctor's offices within a 100 mile radius.

Please state the reason you would like to be a member of this board committee/ commission/ district.

My community has issues and challenges that have been escalated by financial, housing, mental health, physical health, immigration, and social challenges that may prevent them from being able to source solutions. There are too many problems that are not addressed because those in power may not even know there is more work to be done. If my voice and my attention can help even one MoCo resident, my time and my efforts have been worth it to me.

Have you served on an advisory group before?

Yes

How did you hear about the position?

Current board member as a CCAH member

Monterey County Policy - states that Commissioners are required to attend meetings on a regular basis. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member

Yes

Background Information

Upload a resume with the names, addresses, and dates of employers for the last five (5) years.

[View Resume](#)

Employer

In Home Supportive Services

Job Title
provider

Occupation
care provider

Employer Address
1000 S Main St, 93901, Salinas CA

Information Regarding Conflict of Interest and Filing of Statements of Economic Interests (Form 700)

State and local law requires that you abstain from participation in decisions that may affect your financial interest, including sources of income and interest in real property or investments. In addition, if appointed you may be required to fill out a disclosure statement that identifies certain of your financial interest beginning with the immediate 12 months period prior to your appointment.

In accordance with Government Code Sections 87313 and the County of Monterey's Conflict of Interest Code, this Board/ commission/ Committee/ District, you may be required to file statements disclosing certain types of information so that the public can be made aware of potential conflicts of interest. The types of disclosures are:

- Investments
- Interests in Real Property Held by a Business Entity or Trust
- Investments Held by a Business Entity or Trust Income (other than loans and gifts)
- Income – Travel Payments, Advances, Reimbursements
- Income gifts
- Business Positions
- Commission Income Received by Brokers, Agents, and Salespersons
- Income and Loans to a Business Entity or Trust Income from Rental Property

If you have any questions regarding disclosure requirements, please contact the Clerk of the Board's office at 831-755-5066.

Please identify any specialized accommodations needed for equal participation:

N/A

I DECLARE, UNDER PENALTY OF DISQUALIFICATION AND TERMINATION, THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Enter Your Initials
JAE