



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office

Date forwarded to Clerk: 2/25/22

From: (In-Home Supportive Services Advisory Council) **Consumer-at-Large**

Board of Supervisors Meeting Date: **March 8, 2022**

Name of Board, Commission, or Committee: IHSS Advisory Council

Name and Address of Appointed: Christine Winge

Telephone Number of Appointee:

Check one:

New Term

Reappointment

Filling an unexpired term (if checked, list who is being replaced and reason below)

Replacing which member:

Maddy Act Regulations:

If applicable, check below regarding the reason for the unexpired term:

Resignation of member _____

Death of member _____

Member did not complete term _____

Other _____

TERM EXPIRATION DATE: ____ January 1, 2025 _____

Clerks use: ____ Web updated ____ Maddy Book updated ____ Added to Legistream agenda ____ COI

Form Updated 05-15-13