



County of Monterey
Valerie Ralph
CLERK OF THE BOARD
BOARD OF SUPERVISORS

168 W. Alisal Street 1st Floor
Salinas, CA 93901
O: (831) 755-5066 Option 6
F: (831) 755-5888
cob@countyofmonterey.gov

Santa Cruz - Monterey - Merced - San Benito - Mariposa Managed Medical Care Commission Application Katrina Hodges

District: 5
Initialed Application: Yes

Applicant

First Name: **Katrina**
Middle Initial:
Last Name: **Hodges**

Employment

Occupation: **Full-time caregiver for my son for the last five+ years**
Job Title: **IHSS Caregiver**
Employer: **IHSS**

Interests and Experiences

Able to attend meetings regularly and devote the time necessary to fulfill duties as a member?

Yes

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

Yes

Whole Child Model Family Advisory Committee

Has served on an advisory group before?

Yes

Currently serving on the Whole Child Model Family Advisory Committee

Please tell us about yourself and why you want serve:

I have four children who qualify for and use CCAH insurance exclusively. Additionally, my son has spastic quadriplegic cerebral palsy. I am his full time IHSS caregiver. I have had a lot of experience with my children navigating health care from a CCAH member's perspective. My professional background and degree is in

linguistics so I am particularly passionate about language access. My second language is Indonesian.

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

I hope to provide insight into member experiences and advocate for all types of CCAH members. I want to work toward maximizing member's use of preventive care to minimize emergency and prolonged care.

How did you hear about the position?:

Ronita Margain, the Community Engagement Director for CCAH, reached out to me based on my involvement in the Whole Child Sub-Committee.