



A Tradition of Stewardship
A Commitment to Service

RECEIVED

JUN 20 2024

NAPA COUNTY
EXECUTIVE OFFICE

County Executive Office

1195 Third Street, Suite 310
Napa, CA 94559
www.countyofnapa.org

Main: (707) 253-4580

Neha Hoskins
Clerk of the Board

June 13, 2024

Neil Watter

Napa, CA 94559

Via email:

Re: Napa/Solano Area Agency on Aging Advisory Council

Dear Neil:

You have been a valued member of the Napa/Solano Area Agency on Aging Advisory Council representing Napa County. The term of your position expires on June 30, 2024. If you wish to request reappointment for a 2-year term, please check the following box:

- Yes, I would like my name, this letter and application forwarded to the Board of Supervisors for possible reappointment to the Napa County Mental Health Board for the term commencing immediately and expiring June 30, 2026.

If you have chosen to request reappointment, please check **one** of the two boxes below regarding your last application:

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- I confirm that all the information on my last application is current.
- Some of the information on my last application is no longer current or is five (5) years old or older. I will submit a new or revised application.

(To complete a new application form either contact the Napa County Executive Office or go to the following link to complete your application online:

<http://ca-napacounty.civicplus.com/1420/Committees-Commissions>

After checking the appropriate boxes, sign and date on the lines below and return this letter to the County Executive Office by mail or email no **later than Friday, June 28, 2024.**


SIGNATURE

6-20-24
DATE



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NAPA / SOLANO AREA AGENCY ON AGING

275 Beck Avenue, Fairfield, CA 94533



Application for Membership on Napa/Solano Area Agency on Aging Advisory Council
(Feel free to attach a resume or curriculum vitae (CV))

Federal and State laws mandate the composition of the Area Agency on Aging (AAA) Advisory Council. The application questions are designed to ensure the legal composition of the Advisory Council.

Name: Neil Watter

Date of Birth: [REDACTED]
Month Date Year

Please indicate which county you are applying to represent:

Napa County Solano County

Please indicate your membership preference:

Primary Representative Alternate Representative No Preference

Please indicate the category for which you are applying and your category affiliation (if applicable):

Representatives of older individuals

Representative of health care provider organizations, including providers of veterans' health care

Health care organization affiliation: Retired from Kaiser Vallejo. as a primary care internist

Representatives of supportive services provider organizations.

Supportive Services organization affiliation: _____

Persons with leadership experience in the private and voluntary sectors.

Leadership experience (resume or CV may be attached): _____

Local elected officials

Elected position: _____

Term of Office: _____
Term Start Date Term End Date

Family caregiver representative

The general public.

Please indicate your race and ethnicity:

White Hispanic Asian Black

Native Hawaiian/Pacific Islander American Indian Other: _____

Residence Address: [Redacted]

Business Address: _____

Phone Numbers: Home: _____ Business: _____

Mobile: [Redacted] E-mail Address: [Redacted]

Supervisorial District in which you reside: 1 2 3 4 5

The following links can be used as a reference for Supervisorial District information:

Solano County:

http://www.solanocounty.com/depts/rov/district_maps_and_lookup/districtlookup.asp

Napa County (select "My District" from the link below):

<https://www.countyofnapa.org/2116/Board-of-Supervisors>

The Advisory Council meets monthly on the first Tuesday of the month. Meetings are held from 10:00 am – 12:00 noon. Meeting locations are in Napa and Solano Counties. Members may be asked to attend quarterly meetings of the AAA Oversight Board and monthly subcommittee meetings. Please indicate any obstacles you may have with regard to meeting attendance (example: "I am not able to meet on Mondays or Wednesdays"):

None

Memberships in other organizations or committees or other community participation (list name and address and nature of organization/committee or community participation):

Napa County Civil Grand Jury 2021-22

Please provide a brief description of your employment and educational history (resume or CV may be attached):

- ① MD degree Univ. of Virginia 1972
- ② Primary Care internal medicine MD - Kaiser-Permanente 1990-2014 - Vallejo Med Center
- ③ 24 years of skilled nursing facility work

References (list 3): for K-P in addition to primary care

Michael Stone Friend & Foreperson of NCG Grand Jury [Redacted]

Name: George Vellucci Relationship: MB Colleague at K-P Phone Number: [Redacted]

Name: Lynn Baker Relationship: Colleague at K-P Phone Number: [Redacted]

Name: _____ Relationship: _____ Phone Number: _____

Why do you want to serve on the Advisory Council?:

I can contribute to the community with my knowledge of Geriatricist skilled nursing home care

Napa Applicants: please list all court or other public administration actions impacting your credit rating within the past 10 years: None

Applicant signature: [Signature] Date: Feb 20 2023