



A Tradition of Stewardship
A Commitment to Service

August 15, 2023

County Executive Office

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

Main: (707) 253-4580

Neha Hoskins
Clerk of the Board

Elaine Paoli

[REDACTED]
Napa CA 94558
[REDACTED]

Dear Elaine,

You have been a valued member of the **Napa County In-Home Supportive Services Advisory Committee** representing current or past user of IHSS. The term of your position will expire September 1, 2023. If you wish to request reappointment for another 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 In-Home Supportive Services Advisory Committee** for the term commencing immediately and expiring September 1, 2026.

=====

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

- ☒ 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- ☐ Some of the information on my last application is no longer current or is five (5) years old or older.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:

<https://www.countyofnapa.org/1420/Committees-Commissions>

After checking the appropriate box, **sign and date on the lines below and return this letter to the County Executive Office by mail, email, or fax.**

Elaine J Paoli
SIGNATURE

9.20.23
DATE

Application for Appointment to Board, Commission, Committee, Task Force or Position

Applicants appointed by the Board of Supervisors will be required to take an oath of office. All applications will be kept on file for one year from the date of application.

Public Records Act

Applications are public records that are subject to disclosure under the California Public Records Act. Information provided by the applicant is not regarded as confidential except for the addresses and phone numbers of references and the applicant's personal information including home and work addresses, phone numbers and email address.

Form 700 Conflict of Interest Code

[California Fair Political Practices Website](#)

Please note that appointees may be required by state law and county conflict of interest code to file financial disclosure statements.

Which Boards would you like to apply for?

Napa County In-Home Supportive Services (IHSS) Advisory Committee: Submitted

Category of Membership for Which You Are Applying

Participant Client

Profile

Elaine

First Name

Paoli

Middle Initial

Last Name


Email Address


Home Address

Suite or Apt

Napa

City

CA

State


94558

Postal Code

Which supervisorial district do you reside in? *

☒ District 4

To find your supervisorial district go to <https://www.countyofnapa.org/2051/Find-my-supervisor-and-district> and enter your address.


Primary Phone

Unemployed

Employer

care provider

Job Title

retired

Occupation

Education/Experience

AS Degree Early Childhood, AA Degree Auto CAD, On IHSS Advisory Committee for 10 years, Care provider 8 years with IHSS, Parent of profoundly disable child

Name and occupation of spouse within the last 12 months, if married. (For conflict of Interest purposes)

James Paoli-Retire from City of Napa Street Dept

Resume

Upload a Resume

Letter of Recommendation or Supplemental Attachments

Professional or occupational license, date of issue, and expiration including status

References: Provide names and phone numbers of 3 individuals who are familiar with your background.

Nancy Smernes [REDACTED] Doug Weir [REDACTED] Gloria Barber ([REDACTED])

Community Participation

Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute.

I have enjoyed the 10 years I have served on the committee and feel I am able to bring a lot of enthusiasm, questions, concerns and ideas. My first hand experience in many aspect of the IHSS system as a client, provider, mother of IHSS child, being involve in lobbying, community out reach not just for IHSS but for Mental Health thru Innovation Community Center here in Napa were I teach a class. I also have been part of giving out food thru the food pantry from Cross Walk church so I have meet a variety of people and their needs .I want to see the best be done for our IHSS Program here in Napa but also IHSS as a whole with all of us involved.

Nature of activity and community location

Dog Walker at Napa County Animal Shelter and Adoption Center 942 Hartle Ct, Napa 94559, Volunteer at Innovations Community Center 3281 Solano Ave. Napa 94558

Other County Board/Commission/Committee on Which You Serve/Have Served

Board of NEWS (1985-1986) Advisory Committee Napa IHSS 2013-Current

Public Actions that may impact Credit Rating (List all court or other public administration actions impacting your credit rating within the past ten (10) years)

Electronic Signature Agreement

I meet the criteria required to serve in this position.

☒ Yes ☐ No

I declare under penalty of perjury that the foregoing is true and correct.

☒ Yes ☐ No

Please Agree with the Following Statement

By checking the "I agree" box below, you agree and acknowledge that 1) your application will not be signed in the sense of a traditional paper document, 2) by signing in this alternate manner, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature, and 3) you may still be required to provide a traditional signature at a later date.

☒ I Agree

Electronic Signature (First M. Last)

Elaine I. Paoli

Date

8-16-23