



A Tradition of Stewardship
A Commitment to Service

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 4, 2025

Anne Payne

[REDACTED]
American Canyon, CA 94503
[REDACTED]

Re: Napa/Solano Area Agency on Aging Advisory Council

Dear Anne:

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, 2025. 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, 2027.

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☐ Some of the information on my last application is no longer current or is five (5) years old or older.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

<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 13, 2025**.

E. Anne Payne
SIGNATURE

June 28, 2025
DATE

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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: Elizabeth "Anne" Payne
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: _____

☐ 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: _____

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Phone Numbers: Home: _____ Business: _____

Mobile: (_____) _____ e-mail Address: _____

Supervisory District in which you reside: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5

The following links can be used as a reference for Supervisory 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"):

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

Scepticist of American Canyon
11 C Boca Way American Canyon 94503
Support / Scholarships / Isolation for Women & Girls

Please provide a brief description of your employment and educational history (resume or CV may be attached): 2017-2020 Barcelona Associates - Director of Resident Services

2014-2016 - Memory Care Director Brookdale Senior Living
2010-2014 Area Agency on Aging - Napa / Solano Direct Services Supervisor

References (list 3):

<u>Kristin Einberger</u>	<u>Friend</u>
Name	Relationship
<u>Melissa Lamantina</u>	<u>Friend</u>
Name	Relationship
<u>Janette Sellick</u>	<u>Friend</u>
Name	Relationship

Phone Number

Why do you want to serve on the Advisory Council?: Working with seniors has always been my passion. I feel that this population gets dismissed and forgotten and I want to be an advocate / voice for those that need one.

Napa Applicants: please list all court or other public administration actions impacting your credit rating within the past 10 years: n/a

Applicant signature: Elyse Anne Page Date: 3/11/2022