

## Membership Application Supplemental

San Joaquin County Commission on Aging: 1) provides guidance, education, and advocacy on issues that relate to older adults of San Joaquin County; 2) provides leadership at the local level in developing systems of home and community-based services; and 3) assists our diverse population to live with independence and dignity in their home and communities.

**Full Name:** \_\_\_\_\_

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_

**Please choose the appropriate Position:**

☐ **District Representative (60+ years)**

*Birthdate and residency address on the application corroborates qualification.*

<input type="checkbox"/> District 1 Representative
<input type="checkbox"/> District 2 Representative
<input type="checkbox"/> District 3 Representative
<input type="checkbox"/> District 4 Representative
<input type="checkbox"/> District 5 Representative

**□ At-Large Representative**

*Please check all At-Large Categories that are applicable to you and provide a supporting statement to corroborate qualification:*

<input type="checkbox"/> <b>Representative of People with Disabilities</b>
Please describe the manner in which you are a representative of people with disabilities:

☐ **Person with Leadership Experience in the Private and/or Voluntary Sectors**

Please describe your leadership experience in the private and/or voluntary sectors:

☐ **Older Adult (60+ years) or Informal Caregiver of Older Adults Identified as in Greatest Social Need**

Definition: Greatest social need means the need caused by noneconomic factors, which include: (1) Physical and mental disabilities; (2) Language barriers; (3) Cultural, social, or geographical isolation, including due to: (i) Racial or ethnic status; (ii) Native American identity; (iii) Religious affiliation; (iv) Sexual orientation, gender identity, or sex characteristics; (v) HIV status; (vi) Chronic conditions; (vii) Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs; (viii) Interpersonal safety concerns; (ix) Rural location; or (x) Any other status that: (A) Restricts the ability of an individual to perform normal or routine daily tasks; or (B) Threatens the capacity of the individual to live independently.

☐ Older adult (60+ years) (date of birth on the application)

☐ Informal caregiver of older adult

Please describe how you or the person you care for qualify as in greatest social need.

☐ **Older Adult (60+ years) or Informal Caregiver of Older Adults Identified as in Greatest Economic Need**

Definition: Greatest economic need means the need resulting from an income level at or below the Federal poverty level. Refer to the following link: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

☐ Older adult (60+ years) (date of birth on the application)

☐ Informal caregiver of older adult

Please describe how you or the person you care for qualify as in greatest economic need.

☐ **Older Relative Caregivers (55+ years)** — including kin and grandparent caregivers of children or adults aged 18–59 with a disability

Definition: Older relative caregiver means a caregiver who is age 55 or older and lives with, is the informal provider of in-home and community care to, and is the primary caregiver for, a child or an individual with a disability; (1) In the case of a caregiver for a child is: (i) The grandparent, step-grandparent, or other relative (other than the parent) by blood, marriage, or adoption, of the child; (ii) Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child; and (iii) Has a legal relationship to the child, such as legal custody, adoption, or guardianship, or is raising the child informally; and (2) In the case of a caregiver for an individual with a disability, is the parent, grandparent, step-grandparent, or other relative by blood, marriage, or adoption of the individual with a disability.

Older relative caregiver 55+ years (date of birth on the application)

Please describe how you qualify as an older relative caregiver.

☐ **Family Caregivers of Older Adults**

Definition: Family caregiver means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual; an adult family member, or another individual, who is an informal provider of in-home and community care to an individual of any age with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction; or an older relative caregiver. For purposes of this part, family caregiver does not include individuals whose primary relationship with the older adult is based on a financial or professional agreement.

Please describe how you qualify as a family caregiver of older adults.

☐ **General Public**

Residency in San Joaquin County (address on the application)

Please list your special interests:

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Note: The Area Agency on Aging (San Joaquin County Human Services Agency – Aging and Community Services) may contact the applicant to clarify or obtain additional information regarding qualification.

Additional Note: This application is considered a public record and may be subject to public inspection and disclosure pursuant to applicable laws, such as the California Public Records Act (CPRA). The applicant hereby acknowledges that San Joaquin County is required to comply with requests for disclosure under the CPRA unless a statutory exemption from disclosure applies. San Joaquin County reserves the right to independently determine, in its sole discretion, whether this application, or any portion thereof (i.e. information within this application) is subject to disclosure under the CPRA.

☐ **Confirm you are available to attend monthly meetings held at 1:30pm on the first Monday of each month.**

I hereby certify that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of my position on the San Joaquin County Commission on Aging, if so appointed. I understand all information on this application is subject to verification, and I hereby give my express permission for San Joaquin County, at their discretion, to contact any person or agency for further information related to the facts provided on my application.

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Signature

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Date