

- ☐ I wish to designate an alternate. Name \_\_\_\_\_  
\*Complete and attach separate application for designated alternate

**Current Occupation** (within last 12 months)

\_\_\_\_ Program Manager, Health and Human Services \_\_\_\_\_

**Business Interests** (within last 12 months)

Please list the names, addresses and phone numbers of three (3) individuals familiar with your background:

Terry Longoria [REDACTED]  
Lisa Fletcher [REDACTED]  
Judy Brian [REDACTED]

**Name and occupation of spouse within last 12 months, if married.**

Eric Zimny, Compliance Office HHS

**List relevant education, experience, and qualifications or, skills that you possess:**

\* If additional space is needed, please attach additional sheets.

Bachelor Degree, Psychology. 8 years as program manager and 16 + years in social services. Skills include good communication, including written and oral presentation; organization skills; interpretation of regulations and other State policies. I have knowledge of child care concerns both as a parent and an agency that provides child care funding for low income families. Additionally, have participated on the child care planning council for one term, officially, and for a few years prior to AB1542.

**Explain why you wish to be considered for LPC membership:**

I believe with my knowledge and abilities I can contribute a great deal to the decision-making of the council. I am also a parent who has used child care in the past and can appreciate the needs and concerns of the availability and quality of child care in this community.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

4/6/01