



# Health & Human Services Agenda Request

1F  
Agenda Item #

**Requested Meeting Date:** December 20, 2022

**Title of Item:** Approval of Advisory Committee Appointments

<input checked="" type="checkbox"/> REGULAR AGENDA	<b>Action Requested:</b>	<input type="checkbox"/> Direction Requested	
<input type="checkbox"/> CONSENT AGENDA		<input checked="" type="checkbox"/> Approve/Deny Motion	<input type="checkbox"/> Discussion Item
<input type="checkbox"/> INFORMATION ONLY		<input type="checkbox"/> Adopt Resolution (attach draft)	<input type="checkbox"/> Hold Public Hearing* <i>*provide copy of hearing notice that was published</i>

<b>Submitted by:</b> Paula Arimborgo	<b>Department:</b> H&HS Administration
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<b>Presenter (Name and Title):</b> Cynthia Bennett - Director	<b>Estimated Time Needed:</b> 5 min
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**Summary of Issue:**  
Request the approval of re-appointment of current members to the Health & Human Services Advisory Committee as follows:  
a. Cindy Chuhanic - Commissioner District 2  
b. Joel Hoppe - Commissioner District 3

Request the approval of new appointment to the Health & Human Services Advisory Committee as follows:  
a. Jon Moen - Union Representative

**Alternatives, Options, Effects on Others/Comments:**

**Recommended Action/Motion:**

**Financial Impact:**  
*Is there a cost associated with this request?*  Yes  No  
*What is the total cost, with tax and shipping? \$*  
*Is this budgeted?*  Yes  No *Please Explain:*



# AITKIN COUNTY HEALTH & HUMAN SERVICES

204 First Street NW  
Aitkin, MN 56431

Phone: 800-328-3744/218-927-7200  
Fax: 218-927-7210

## Advisory Committee Application Form

NAME: Cynthia - Cindy L Chuhanic  
(First) (MI) (Last)

Address: 27289 437th Pl. Home Phone: \_\_\_\_\_  
Aitkin MN 56431 Business Phone: \_\_\_\_\_  
Cell Phone: 612-618-0797

Employer: SELF Occupation: Owner / Pro- Rest.  
Email Address: CChuhanic@yahoo.com

1. Please state your reason for applying:

I have 30+ yrs experience in healthcare and am active in Aitkin city needs. I like to stay knowledgeable in the community needs especially the areas of Public Health & Social Services.

2. What has been your past involvement with Public Health Services, Social Services, Financial Services, and other civic and community activities?

I have served two terms on Health & Human Services advisory board and would be honored to complete 1 more term that I'm allowed to

3. Are you able to attend meetings during the day? Yes  No   
Currently meetings are held at 3:00pm on the first Thursday of each month.

4. Are you able to attend at least 10 meetings per year? Yes  No

5. Would you be willing to serve a one-year or a two-year term? 1yr  2yr

Signature of Applicant: Cindy Chuhanic Date: 12-2-22

PLEASE COMPLETE AND SUBMIT THIS APPLICATION TO:

Aitkin County Health & Human Services Attention:  
Paula Arimborgo  
204 1st Street NW  
Aitkin, MN 56431

or email to paula.arimborgo@co.aitkin.mn.us  
Questions? Call: 218-927-7203 or 1-800-328-3744

**MINNESOTA OPEN APPOINTMENT ACT  
APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY**

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Aitkin County Health & Human Services Advisory Committee

NAME OF APPLICANT: Cynthia - Cindy Chechanic

STREET ADDRESS OF APPLICANT:

27289 487<sup>th</sup> Pl.

Aitkin MN 56431

PHONE NUMBERS:

DAYS 662-618-0797 cell

EVENINGS \_\_\_\_\_

AITKIN COUNTY COMMISSIONER DISTRICT 2

Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

Please see attached CV.

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

Cindy Chechanic  
Signature of Applicant

12/2/22  
Date

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Is this application submitted by appointing authority? Yes

No

Is this application submitted at the suggestion of appointing authority? Yes

No

**Please return application to the Aitkin County Health & Human Services office, located at  
204 - 1st Street NW, Aitkin, MN 56431**

For Office Use Only

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

Date of Term Expiration: \_\_\_\_\_

Term #: \_\_\_\_\_

**Cindy Chuhanic**  
Aitkin, MN, 56431, U.S.A.  
612-618-0797

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**Education**

Capella University  
**Master of Science in Human Services**  
with specialization in  
**Health Care Administration**

Walden University (coursework) 18 credits  
Major: Public Health

Concordia University  
**Bachelor of Arts Degree**  
Major: Organizational Management

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**Summary**

- Over 8 years of owning my own business: The Joint, Bennettville, Aitkin MN.
- Over 18 years of experience working in the Clinical Research industry.
- Clinical Research Therapeutic Areas include:

**Cardiovascular**

Congestive Heart Failure

**Endocrine**

Diabetes

**Gastrointestinal**

Post Surgical Nausea

**Infectious Disease**

Adult/Child/Infant Vaccines

**Medical Device**

Bair Hugger Warming Blankets and Gowns

Warming Fluids

Airway devices

**Neurology**

Anesthesia

Spasticity

Epilepsy

**Oncology**

Non-small Cell Lung Cancer

Small Cell Lung Cancer

Prostate Cancer

**Skin and Soft Tissue**

Wound Care  
**Transplants**  
Renal Transplants

- Computer skills include: Word, Excel, Power Point, Outlook
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### Professional Experience

The Joint, Tavern & Eatery, Bennettville, MN  
Owner  
August 2014-Present  
Manage staff 25 + people

Board Member for Aitkin Chamber of Commerce:  
January 2019- Present  
Member of Aitkin Area Economic & Development Committee  
March 2019-Present  
Fish House Parade Committee  
Taste of Aitkin Committee

Board Member Aitkin Health & Human Services Advisory Board  
January 2019-Present  
Suicide Prevention team member

Board Member Aitkin CARE  
January 2020-Present

**ICON Clinical Research**  
**Sr. CRA**  
January 2008 to July 2014

**Parexel International**  
**CRA**  
February 2006 to January 2008

**CHF Solutions**  
**CRA**  
March 2004 to February 2006

**Augustine Medical/Arizant Healthcare**  
**CRA/Clinical Coordinator**  
October 1997 to March 2004



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Fax: 218-927-7210

**Advisory Committee  
Application Form**

NAME: JOEL K HOFFE  
 (First) (MI) (Last)

Address: 36136 KESTREL AVENUE Home Phone: 218 768 2337  
MCGEEBORN, MN 55760 Business Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Employer: LLCC Occupation: FOOD SERVICE COORDINATOR  
 Email Address: joel.hoffe@frontiernet.net

1. Please state your reason for applying:

I AM APPLY FOR MY 3RD TERM ON THIS COMMITTEE.

2. What has been your past involvement with Public Health Services, Social Services, Financial Services, and other civic and community activities?

I AM CURRENTLY THE CHAIR OF THIS COMMITTEE.

3. Are you able to attend meetings during the day? Yes  No   
 Currently meetings are held at 3:00pm on the first Thursday of each month.

4. Are you able to attend at least 10 meetings per year? Yes  No

5. Would you be willing to serve a one-year or a two-year term? 1yr  2yr

Signature of Applicant: JOEL K. HOFFE Date: DEC 11, 2002

PLEASE COMPLETE AND SUBMIT THIS APPLICATION TO:

Aitkin County Health & Human Services Attention:  
Paula Arimborgo  
204 1st Street NW  
Aikin, MN 56431

or email to paula.arimborgo@co.aitkin.mn.us  
Questions? Call: 218-927-7203 or 1-800-328-3744

**MINNESOTA OPEN APPOINTMENT ACT  
APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY**

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Aitkin County Health & Human Services Advisory Committee

NAME OF APPLICANT: JOEL K. HOPPE

STREET ADDRESS OF APPLICANT:

30136 KESTER AVENUE  
MCGONZON, MN 55760

PHONE NUMBERS:

DAYS 218 768 2337  
EVENINGS \_\_\_\_\_

AITKIN COUNTY COMMISSIONER DISTRICT \_\_\_\_\_

Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

I AM CURRENTLY THE CHAIR OF THIS GROUP.

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

JOEL K. HOPPE  
Signature of Applicant

12-11-22  
Date

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Is this application submitted by appointing authority? Yes  No

Is this application submitted at the suggestion of appointing authority? Yes  No

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204 - 1st Street NW, Aitkin, MN 56431**

For Office Use Only

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

Date of Term Expiration: \_\_\_\_\_

Term #: \_\_\_\_\_



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Fax: 218-927-7210

**Advisory Committee  
Application Form**

NAME: Jonathan (First) L (MI) Moen (Last)

Address: 102 South Drive Home Phone: 218-927-4749  
Aitkin MN 56431 Business Phone: 218-927-7273  
Cell Phone: 218-513-4825

Employer: Aitkin County Health & Human Services Occupation: Social Worker  
Email Address: jon.moen@co.aitkin.mn.us

1. Please state your reason for applying:

To be the representative for AFSCME. Also, I have been on this committee in the past and feel it is a valuable committee to make progress for services in Aitkin by sharing a wealth of knowledge

2. What has been your past involvement with Public Health Services, Social Services, Financial Services, and other civic and community activities?

I have been a county social workers since 1995 and have worked as a social worker since 2008 working w/ chemical dependency, Rule 185 waiver programs: DD, CADI, BI & CAC. Have done adult protection

3. Are you able to attend meetings during the day? Yes  No   
Currently meetings are held at 3:00pm on the first Thursday of each month.

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5. Would you be willing to serve a one-year or a two-year term? 1yr  2yr

Signature of Applicant: Jonathan Moen Date: 11-30-22

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Aitkin County Health & Human Services Advisory Committee

NAME OF APPLICANT: Jonathan Moen

STREET ADDRESS OF APPLICANT:

102 South Drive

Aitkin MN 56431

PHONE NUMBERS:

DAYS 218-927-7273

EVENINGS 320-226-1729

AITKIN COUNTY COMMISSIONER DISTRICT 1

Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

I have worked in county social work since 1995 doing work in the following programs: substance use disorders, waiver programs (DD, CADI, BI & CAC), Rule 185 case management and adult protection. I have a bachelors degree in Psychology. I am a certified MN Choices assessor.

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

Jonathan Moen  
Signature of Applicant

11-30-22  
Date

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Is this application submitted by appointing authority?

Yes

No

Is this application submitted at the suggestion of appointing authority?

Yes

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