



Health & Human Services Agenda Request

1D
Agenda Item #

Requested Meeting Date: February 28, 2023

Title of Item: Approval of Advisory Committee Appointment

| | | | |
|--|--------------------------|---|---|
| <input checked="" type="checkbox"/> REGULAR AGENDA | Action Requested: | <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) <i>*provide copy of hearing notice that was published</i> | <input type="checkbox"/> Hold Public Hearing* |

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|---|---|
| Submitted by: Paula Arimborgo | Department: H&HS Administration |
|---|---|

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|--|--|
| Presenter (Name and Title): Sarah Pratt, H&HS Director | Estimated Time Needed: 5 min |
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Summary of Issue:

Request the approval of new appointment to the Health & Human Services Advisory Committee as follows:
a. Patrick Blunt, Commissioner District 5

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: Patrick (First) L (MI) Blunt (Last)

Address: 28496 489th St
Palisade, MN 56469
Home Phone: _____
Business Phone: _____
Cell Phone: 218-316-1548

Employer: Oakridge Homes (Aitkin) Occupation: Life Skills Trainer @
Email Address: psblunt@hotmail.com Oakridge Homes (Aitkin)

1. Please state your reason for applying:

I would like to be on the Advisory Committee to aid in making decisions in what does and does not work regarding policies for people in our community who need our help.

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

I have had a lifetime commitment from 1978 to present of working with the mentally ill, Chemically dependent and special needs people. I worked from 1978-1982 as a human service technician at Moose Lake State Hospital, and have been a life skills trainer for 16+ years at Oakridge Homes working with DD children and adults.

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: *Patrick L Blunt* Date: 2/1/23

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

"This institution is an equal opportunity provider."

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

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

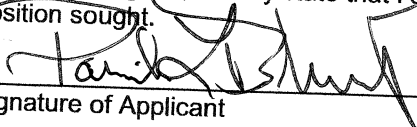
Aitkin County Health + Human Services Advisory Committee

AITKIN COUNTY COMMISSIONER DISTRICT ~~4~~ 5

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)

My lifetime commitment from 1978 to present of working with the mentally ill, chemically dependent, and special needs people has qualified me to help in aiding our Aitkin County Health and Human Services Advisory Committee in making decisions in what works and does not work in aid and policies in our community. I worked at Moose Lake State Hospital from 1978 to 1982 as a human services technician, and have worked at Oakridge homes in Aitkin as a Life Skills Trainer going on 16 years working with developmentally disabled children and adults. My ongoing training in all these areas keeps me current of the rules and regulations regarding care and treatment of these people. I have first hand knowledge in how these affect them. I feel I would be an asset to this committee.

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


Signature of Applicant

1/23/2023
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 Administrator's office, located at
307 2nd Street NW – Room 310, Aitkin, MN 56431**

NAME OF APPLICANT: Patrick L. Blunt

STREET ADDRESS OF APPLICANT: 28496 489th St

PHONE NUMBERS:
DAYS 218-316-1548

Palisade, MN 56469
EVENINGS 218-316-1548

For Office Use Only

Date Appointed: _____

Date of Term Expiration: _____

Term #: _____

RECEIVED

JAN 23 2023