



Health & Human Services Agenda Request

1D
Agenda Item #

Requested Meeting Date: December 19, 2023

Title of Item: Approval of Advisory Committee Re-appointments

<input checked="" type="checkbox"/> REGULAR AGENDA <input type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	Action Requested: <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <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, Director	Estimated Time Needed: 5 min
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Summary of Issue:
 Request the approval of re-appointment of current members to the Health & Human Services Committee as follows:
 1) Luke Christensen - Commissioner District 1
 2) Lynne Jacobs - Commissioner District 4
 3) Michelle Brodhead - Commissioner District 3
 4) Sara Ehlke-Bejcek - Commissioner District 5
 5) Rebecca Carlson - 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: Luke (First) G (MI) Christensen (Last)

Address: 20 3rd ST NE
Aitkin, MN 56431

Home Phone: _____
Business Phone: (218) 735-6123
Cell Phone: (218) 839-4826

Employer: AEOA
Email Address: luke.christensen@aeoa.org

Occupation: Employment Services Counselor

1. Please state your reason for applying:

Have served 2 terms and am willing to serve an additional term. My occupation is as a contractor for Aitkin County HHS DWP/MFIP/SNAP case management

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

Work as a Employment Servcies Counselor for contracted case managment for Aitkin County MFIP/DWP/SNAP

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: Date: 11/1/2023

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

“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

NAME OF APPLICANT: Luke Christensen

STREET ADDRESS OF APPLICANT:

20 3rd Street NE

Aitkin, MN 56431

PHONE NUMBERS:

DAYS (218) 735-6123

EVENINGS (218) 735-6123

AITKIN COUNTY COMMISSIONER DISTRICT 01

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)

Occupation: Employment Services Counselor -AEOA

Education: BA in Community Development

I attest that I satisfy all legally proscribed qualifications to serve on the Aitkin County Health and Human Services Advisory 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

11/01/2023

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 Health & Human Services office, located at
204 - 1st Street NW, Aitkin, MN 56431**

For Office Use Only

Date Appointed: _____

Date of Term Expiration: _____

Term #: _____



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: Lynne (First) L (MI) Jacobs (Last)

Address: 56890 Loon Ave
McGregor, MN 56431

Home Phone: _____
Business Phone: _____
Cell Phone: 218-820-8790

Employer: Retired
Email Address: lynnejacobs2006@gmail.com

Occupation: _____

1. Please state your reason for applying:

I have served on this advisory board in a professional capacity, and would like to continue as a citizen

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

Former director of Aitkin County CARE

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: Lynne Jacobs

Date: 11-02-2023

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
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**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: Lynne Jacobs

STREET ADDRESS OF APPLICANT: PHONE NUMBERS: DAYS 218-820-8790

EVENINGS same


AITKIN COUNTY COMMISSIONER DISTRICT 4

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)

As a former Director of Aitkin County CARE my background is in social services as a community based organization. With my retirement I feel this is a good fit for me and would like to serve as a member of District 4. I continue to volunteer providing exercise for older adults twice a week and will contract with Aitkin County CARE as needed.

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 Date

 11-02-2023

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 First Street NW
Aitkin, MN 56431

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

RECEIVED

NOV 13 2023

Advisory Committee
Application Form

Aitkin County H & HS

NAME: Michelle (First) J (MI) BRODHEAD (Last)

Address: 31623 270th Place Aitkin, MN 56431
Home Phone: _____
Business Phone: _____
Cell Phone: 218-429-2652

Employer: self Occupation: _____
Email Address: mikkibeas.mb@gmail.com

1. Please state your reason for applying:

I am currently on the board and enjoy it very much. It is very informational. It covers a wide range of very important topics

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

My involment with HHS is through this board. I am chairman of Lee Township a member of Aitkin Women of Today. Past President of McGregor Chamber of Commerce.

3. Are you able to attend meetings during the day? Yes [X] 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 [X] No []

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

Signature of Applicant: Michelle Brodhead Date: 11-14-2023

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204 1st Street NW
Aitkin, MN 56431

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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: Michelle Brodhead

STREET ADDRESS OF APPLICANT:

31623 270th Place

Aitkin, MN 56431

PHONE NUMBERS:

DAYS 218-429-2652

EVENINGS 218-429-2652

AITKIN COUNTY COMMISSIONER DISTRICT 3

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)

2 yrs Behavioral Science
AAS Marketing Advertising
Chairman Tree Townboard
Aitkin Women of Today
Past President McGregors Area Chamber of Commerce
Operation CHRISTMAS Volunteer.

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

Michelle Brodhead
Signature of Applicant

11-19-2023
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

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Aitkin, MN 56431

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

Advisory Committee Application Form

NAME: Sara (First) L (MI) Ehlke-Bejcek (Last)

Address: 50297 405th Place Home Phone: 269-377-3480
Palisade, MN 56469 Business Phone: N/A
Cell Phone: 269-377-3480

Employer: retired Occupation: pediatrician
Email Address: bejceksoccer@yahoo.com

1. Please state your reason for applying:

I am currently serving on the committee and would like to continue doing so.

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

I worked as a pediatrician in the Kalamzoo, MI area for about 35 years and was involved with many social service agencies including CPS and WIC. I also served as the area day care medical advisor and on the public school science and health curriculum 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: Date: 11-2-23

PLEASE COMPLETE AND SUBMIT THIS APPLICATION TO:

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204 1st Street NW
Aitkin, MN 56431

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NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Aitkin County Health & Human Services Advisory Committee

NAME OF APPLICANT: Sara Ehlke-Bejcek

STREET ADDRESS OF APPLICANT:

50297 405th Place

Palisade, MN 56469

PHONE NUMBERS:

DAYS (269) 377-3480

EVENINGS (269) 377-3480

AITKIN COUNTY COMMISSIONER DISTRICT 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)

I was employed as a pediatrician in the Kalamazoo area for about 35 years and was involved with many social servie agencies including CPS and WIC. I also served as the area day care medical advisor and on the public schools science and health curriculum committee. I was involved with community health initiatives.

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

11/02/2023
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

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204 First Street NW
Aitkin, MN 56431

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

Advisory Committee Application Form

NAME: Rebecca (First) J (MI) Carlson (Last)

Address: 51260 US HWY 169
Palisade MN 56469

Home Phone: _____
Business Phone: _____
Cell Phone: 218-301-9574

Employer: Itasca County
Email Address: rekoch74@gmail.com

Occupation: Fraud Investigator

1. Please state your reason for applying:

Looking for ways to contribute to my community.

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

Worked in a public service agency in both Aitkin and Itasca County for the past 20 plus years, Aitkin County Ag Society, 4H Club and Project leader and serve on United Way Campaign 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: Rebecca J Carlson Date: 12/11/2023

PLEASE COMPLETE AND SUBMIT THIS APPLICATION TO:

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Paula Arimborgo
204 1st Street NW
Aitkin, MN 56431

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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: Rebecca J Carlson

STREET ADDRESS OF APPLICANT:

51260 US HWY 169

Palisade, MN 56469

PHONE NUMBERS:

218-301-9574

DAYS

218-301-9574

EVENINGS

AITKIN COUNTY COMMISSIONER DISTRICT 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)

I have been employed by a Human Service agency for a combined 20+ years. I feel that I can provide valuable input on the Advisory Committee. I am involved in the Aitkin community and care about the quality of services and programs we are able to offer our residents.

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

Rebecca J Carlson
Signature of Applicant

12/11/2023

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 Health & Human Services office, located at
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Term #: _____