



Health & Human Services Agenda Request

1D
Agenda Item #

Requested Meeting Date: April 23, 2024

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)	<input type="checkbox"/> Hold Public Hearing* <i>*provide copy of hearing notice that was published</i>

Submitted by: Paula Arimborgo	Department: H&HS Administration
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Presenter (Name and Title): Sarah Pratt, H&HS Director	Estimated Time Needed: 1-2 min
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Summary of Issue:
Request the approval of new appointment to the Health & Human Services Advisory Committee as follows:
Amy M. Wyant, Executive Director, CARE

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:*

**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: Amy M. Wyant

STREET ADDRESS OF APPLICANT:

20 Third Street NE

Aitkin, MN 56431

PHONE NUMBERS:

DAYS (218) 927-1383

EVENINGS (218) 259-2141

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)

Aitkin County CARE, Inc. (CARE) is a nonprofit organization formed in 2010 with the intention of consolidating and streamlining services provided to older and disabled adults in Aitkin County, Minnesota. In 2012, CARE began managing the respite program for Aitkin County Residents which was previously under the fiscal responsibility of the County.

CARE offers 14 services to older residents throughout Aitkin County which include Adult Companion, Caregiver Support Group, Exercise Classes, Homemaking, Meals on Wheels, Pop-Up Senior Centers & Respite. These continued efforts to service Aitkin County residents are important especially as our county demographics grow older.

My committee involvements include: Aitkin County Economic Development, Aitkin County TRIAD-Law Enforcement, Seniors & Community, Aitkin County CAPS-Committee for the Awareness & Prevention of Suicide

Please consider my application as a partner in servicing older people throughout Aitkin County. I look forward to building even stronger relationships and collaborations.

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

Amy M. Wyant
Signature of Applicant

04/08/2024
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: Amy (First) M (MI) Wyant (Last)

Address: 20 Third Street NE
PO Box 212
Aitkin, MN 56431

Home Phone: 218-259-2141
Business Phone: 218-927-1383 ext. 3
Cell Phone:

Employer: AitkinCountyCARE, Inc.

Occupation: Executive Director

Email Address: aitkincountycare@gmail.com

1. Please state your reason for applying:

Our organization receives referrals from Aitkin County Health & Human Services and we are the provide 14 services county-wide to aging people and adults managing disabilities. It's important to me to understand the current information regarding referrals and other important programs of Aitkin County Health & Human Services which may intersect and/or compliment what CARE is offering.

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

I worked for Aitkin County Public Health as a Health Educator and SHIP for several years prior to 2016. CARE provides elderly waived service to older people and older people managing disabilities.

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: Amy m wyant Date: April 8, 2024

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."