



BRAD LITTLE – Governor
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IDAHO DEPARTMENT OF HEALTH & WELFARE

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Personal Assistance Oversight Committee Application Form

The purpose of the Personal Assistance Oversight (PAO) Committee is to plan, monitor, and make recommendations for changes about the quality and quantity of the personal assistance programs provided to participants under the Personal Care Services and Aged and Disabled Waiver programs to the Medical Care Advisory Committee. If you or someone you know might be interested in serving as a volunteer committee member, please complete the following information and return this form to:

Bureau of Long Term Care
Marcie Young, Administrative Assistant II
3232 Elder St.
Boise, ID 83705
Marcie.Young@dhw.idaho.gov
FAX (208) 332-7283

Applicant		
Name:		
Mailing Address:		
Telephone Number:	Email:	
Category of Membership Application		
<input type="checkbox"/> A & D Waiver Participant <input type="checkbox"/> Personal Representative <input type="checkbox"/> Provider Advocate		
Agency Name:	Agency Region:	
What qualities or skills does the above-named person have and how would those qualities contribute to the committee?		
Person Making This Nomination		
Name:	Date:	Telephone Number:

Thank you for your time and consideration in providing this application.