

SENIOR COMPANION PROGRAM ADVISORY COMMITTEE

***One (1) vacancy with term to 6-16-20, representing the following category: 1 - At-Large. (The Senior Companion Program Advisory Committee is recommending the new appointment of Stephanie Brown.)**

Duties

The Senior Companion Program Advisory Committee advises the City Council, City Manager, and Parks Department Staff regarding the Senior Companion Program (SCP) including, but not limited to: recruitment strategies; providing support in recruitment of volunteers and volunteer stations; serving as community advocates and liaisons; assisting in development of non-federal resources to include fundraising; advising on programming for impact; advising on how to measure trends and impact of trends in the community; assisting with development and implementation of program evaluations and surveys; conducting an annual assessment of the program by surveying program volunteers; bi-annually assessing project accomplishments and impact; and attending special events and activities related to the SCP.

Composition

The committee shall consist of seven (7) members and must express an interest in the issues of older adults and have knowledge of the capabilities of older adults. The committee shall be composed of the following: 1 - SCP Volunteer (active volunteer for one-year/serve minimum fifteen (15) hours per week), 1 - SCP Volunteer Workstation representative (executive, director or similar leadership position at a current SCP Volunteer Station), and 5 - At-Large. All terms shall be two (2) years.

Name	District	Term	Appt. date	End date	Appointing Authority	Position	Status	Category
*Sandra S Perez	District 5	Partial	8/27/2019	6/16/2020	City Council		Resigned	At -Large
Christine Head	District 1	1	5/9/2017	6/16/2020	City Council		Active	SCP Volunteer
Lidia Lopez	District 3	1	4/9/2019	6/16/2020	City Council		Active	At-Large
Linda Alonzo	District 4	1	6/11/2019	6/16/2021	City Council		Active	At-Large
Betsy Miller	District 5	1	8/27/2019	6/16/2021	City Council		Active	SCP Vol. Station
Maria I Odeh	District 2	2	7/18/2017	6/16/2021	City Council	Chair	Active	At-Large
Gloria Ortiz	District 1	1	11/14/2017	6/16/2021	City Council		Active	At-Large

SENIOR COMPANION PROGRAM ADVISORY COMMITTEE

Applicants

Name	District	Category
Priscilla S Berlanga	District 1	At-Large
Stephanie M Brown	District 2	At-Large

Application for a City Board, Commission, Committee or Corporation

Profile

Stephanie M Brown
First Name Middle Initial Last Name

[Redacted]
Email Address

4513 Green Grove Dr
Street Address

Corpus Christi TX 78415
City State Postal Code

What district do you live in? *

District 2

Current resident of the city?

Yes No

If yes, how many years?

35

Business: (361) 331-9072 Mobile: (361) 462-1646
Primary Phone Alternate Phone

Nurses on Wheels Physician Liaison
Employer Job Title

Work Address - Street Address and Suite Number

1101 3rd Street

Work Address - City

Corpus Christi

Work Address - State

TX

Work Address - Zip Code

78404

Work Phone

3618141669

Work E-mail address

Sbrown@nursesonwheelsinc.com

Preferred Mailing Address

Home/Primary Address

Which Boards would you like to apply for?

SENIOR COMPANION PROGRAM ADVISORY COMMITTEE: Submitted

Interests & Experiences

Are you a registered voter?

Yes No

Do you currently serve on any other City board, commission or committee at this time? If so, please list:

No.

Why are you interested in serving on a City board, commission or committee?

Committee

Are you an ex-Officio member of a City Board, commission or committee?

Yes No

No person shall be appointed by the Mayor or Council Members to serve on more than one board, commission, committee or corporation at the same time. If you currently serve as a voting member for a board, commission, committee or corporation are you willing to resign your current seat to serve on another board, commission, committee or corporation?

Yes No

Demographics

Gender

Female

Code of Ethics - Rules of Conduct/Conflicts of Interest

Do you represent any person or organization in any claim or lawsuit or proceeding involving the City?

Yes No

Do you, your spouse, your business or your spouse's business have a City contract?

Yes No

Does your employer or your spouse's employer have a City contract?

Yes No

Are you involved with any activities or employment that would conflict with the official duties on the City boards for which you are applying?

Yes No

Are you, your spouse, your business or your spouse's business involved in any pending bid, proposal or negotiation in connection with a contract with the City?

Yes No

Do you or your spouse have a pending claim, lawsuit or proceeding against the City?

Yes No

If you answer "Yes" to any of the questions above, please explain or ask to speak with the City's Legal Department.

No.

Board-specific questions (if applicable)

The Senior Companion Advisory Committee must include members representing certain categories. Do you qualify for any of the following categories? *

None of the above

Verification

City Code Requirement - Residency

As a board, commission, or committee member, you will be asked to adhere to City Code of Ordinances, Section 2-65, which states that all members of City boards and commissions, including ad hoc committees, appointed by the City, must be residents of the city. A move outside the city limits of the city by any member shall constitute automatic resignation from the particular board or commission on which such member served.

I Agree

City Code Requirement - Attendance

As a board, commission, or committee member, you will be asked to adhere to City Code of Ordinances, Section 2-61, which provides that absences from more than 25% of regularly scheduled meetings during a term year on the part of any board, commission, or committee member shall result in an automatic termination. An absence shall be deemed unexcused unless excused by the board, commission or committee for good cause no later than its next meeting after the absence.

I Agree

Consent for Release of Information

I understand that if any member of the public makes a request for information included in this application or in any attachment (e.g. resume or supporting documentation) for appointment it is subject to and must be disclosed under the Texas Public Information Act. I understand that under the Texas Public Information Act, my home address and home telephone number is subject to public disclosure unless I am elected or appointed to the position which I seek. I hereby consent to the release of my home address and home telephone number should it be requested under the Texas Public Information Act prior to my possible appointment or election. I hereby release the City of Corpus Christi, and its agents, employees and officers, from any and all liability whatsoever if the information must be released pursuant to the Texas Public Information Act.

I Agree

Oath

I swear that all of the statements included in my application and attached documents, if any, are true and correct.

I Agree

Application for a City Board, Commission, Committee or Corporation

Profile

<u>Priscilla</u>	<u>S</u>	<u>Berlanga</u>
First Name	Middle Initial	Last Name

[REDACTED]
 Email Address

7009 Southaven
 Street Address

<u>Corpus Christi</u>	<u>TX</u>	<u>78412</u>
City	State	Postal Code

What district do you live in? *

District 1

Current resident of the city?

Yes No

If yes, how many years?

50

<u>Mobile: (361) 549-2585</u>	<u>Business: (361) 827-8934</u>
Primary Phone	Alternate Phone

<u>National Nursing & Rehab</u>	<u>Business Development Specialist</u>
Employer	Job Title

Work Address - Street Address and Suite Number

4444 Corona

Work Address - City

Corpus Christi

Work Address - State

Texas

Work Address - Zip Code

78411

Work Phone

361-827-8934

Work E-mail address

pberlanga@nationalnursingrehab.com

Preferred Mailing Address

Home/Primary Address

Which Boards would you like to apply for?

SENIOR COMPANION PROGRAM ADVISORY COMMITTEE: Submitted

Interests & Experiences

Are you a registered voter?

Yes No

Do you currently serve on any other City board, commission or committee at this time? If so, please list:

No I do not currently serve on any other City board

Education, Professional and/or Community Activity (Present)

Home Health and Hospice Marketing

Why are you interested in serving on a City board, commission or committee?

I love helping our elders in obtaining services that are provided to them.

[Upload a Resume](#)

Are you an ex-Officio member of a City Board, commission or committee?

Yes No

No person shall be appointed by the Mayor or Council Members to serve on more than one board, commission, committee or corporation at the same time. If you currently serve as a voting member for a board, commission, committee or corporation are you willing to resign your current seat to serve on another board, commission, committee or corporation?

Yes No

Demographics

Gender

Female

Code of Ethics - Rules of Conduct/Conflicts of Interest

Do you represent any person or organization in any claim or lawsuit or proceeding involving the City?

Yes No

Do you, your spouse, your business or your spouse's business have a City contract?

Yes No

Does your employer or your spouse's employer have a City contract?

Yes No

Are you involved with any activities or employment that would conflict with the official duties on the City boards for which you are applying?

Yes No

Are you, your spouse, your business or your spouse's business involved in any pending bid, proposal or negotiation in connection with a contract with the City?

Yes No

Do you or your spouse have a pending claim, lawsuit or proceeding against the City?

Yes No

If you answer "Yes" to any of the questions above, please explain or ask to speak with the City's Legal Department.

I currently do not have a lawsuit against the city

Board-specific questions (if applicable)

Question applies to SENIOR COMPANION PROGRAM ADVISORY COMMITTEE

The Senior Companion Advisory Committee must include members representing certain categories. Do you qualify for any of the following categories? *

None of the above

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I Agree

Oath

I swear that all of the statements included in my application and attached documents, if any, are true and correct.

I Agree

Priscilla S. Berlanga

P.O. Box 60332
Corpus Christi, TX 78466
(361) 834-8678

Experience

January 2017 - April 2018

Personal Touch - Pediatric Home Health

5866 S Staples St.
Corpus Christi, TX 78413 - *Marketing*

- Daily calls
- Visits doctor offices, hospitals, rehab facilities, nursing facilities, and adult daycares
- Coordinating in services, and luncheons to go over medicare guidelines
- Meeting monthly quota on referrals

November 3rd, 2013 - April 2018

APC Home Health

4444 Corona Dr.
Corpus Christi, TX 78411 - *Marketing*

- Daily calls
- Visits doctor offices, hospitals, rehab facilities, nursing facilities, and adult daycares
- Coordinating in services, and luncheons to go over medicare guidelines
- Meeting monthly quota on referrals

October 2012 - June 21st 2013

Illumina Hospice

4444 Corona Dr.
Corpus Christi, TX 78411 - *Marketing/Sales*

- Daily calls
- Visits hospitals, physician offices, and home health agencies
- Coordinating in services and luncheons
- Meeting monthly quota on referrals

April 2012 - October 2012

Harbor Hospice

400 Enterprise Blvd.
Rockport, TX 78382 - *Marketing/Sales*

- Daily calls
- Visits hospitals, physician offices, and home health agencies
- Coordinating in services and luncheons
- Meeting monthly quota on referrals

June 1st, 2010 - April 29th, 2012

Angel Bright Hospice

3213 Holly Rd.

Corpus Christi, TX 78415 - *Marketing/Sales*

- Daily calls
- Visits hospitals, physician offices, and home health agencies
- Coordinating in services and luncheons
- Meeting monthly quota on referrals

September 1st, 2001 - January 2010

Maximum Mobility Inc.

10709 Leopard St.

Corpus Christi, TX 78415 - *Marketing/Sales*

- Daily calls
- Visits hospitals, physician offices, and home health agencies
- Coordinating in services and luncheons
- Meeting monthly quota on referrals

November 1993 - December 1996

Apria Healthcare

Corpus Christi, TX - *Marketing/Sales*

- Daily calls
- Visits hospitals, physician offices, and home health agencies
- Coordinating in services and luncheons
- Meeting monthly quota on referrals

Education

Del Mar College - CBM Dental Assistant Certification Program

Mary Carroll High School (1987) - Graduated

*Personal reference letters upon request