

Brenda Lyerly
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November 15, 2019

Ann Clark
Clerk to the Board
150 Government Circle
Suite 2500
Jefferson, North Carolina 28640

Dear Ms. Clark,

Ms. Judy Bare has indicated her willingness to be appointed for a three-year term to the Ashe County Joint Community Advisory Committee for Long Term Care. Currently, four vacancies exist on the committee.

Please submit Ms. Bare's name to the Commissioners for their consideration and let me know their decision at your earliest convenience. Ms. Bare's application is enclosed. If you have any questions or concerns, please do not hesitate to contact me. Thank you for your attention to this matter.

Sincerely,

Stevie M. John
Regional Ombudsman

Enclosures:
Application

RENOMINATION FORM

LONG TERM CARE COMMUNITY ADVISORY COMMITTEE

Nominee Background Information

Name Judy W. Bare

Home Address 1526 NC Hwy 165 Phone(H) 336/846/5108

Jefferson, NC 28694 Zip Code 28640

Business Address Same Phone (W) Same

Zip Code _____

Email Address jwbare@hotmail.com

Occupation Retired

Number of hours available per month for this position 15 hr.

Education College Degree
Retired teacher

Business and civic experience and skills Self employed (rental property, real

estate, cattle) Ashe FB Board, Chair NCFB Women's Committee,
Ashe Farmland Preservation Coop. Ext. Advisory Bd., Blue Ridge Committee
Areas of expertise and interest/skills for land use planning

THE FOLLOWING PERSONS ARE EXCLUDED BY LEGISLATION FROM SERVING ON THE COMMITTEE:

1. Persons or immediate family member of persons with a financial interest in a home served by a committee.
2. An employee or governing board member or immediate family member of an employee or governing board member of a home served by a committee. (A person paid by a home as a consultant is considered an employee).
3. The immediate family member of a patient in a home served by a committee. An "immediate family member" is defined as mother, father, sister, brother, spouse, child, grandmother, grandfather, and in-laws for the above.

I CERTIFY THAT NONE OF THE EXCLUSIONS LISTED ABOVE APPLY TO ME. I UNDERSTAND THAT I MUST NOTIFY THE OMBUDSMAN IMMEDIATELY IF MY SITUATION CHANGES WITH RESPECT TO THE ABOVE EXCLUSIONS.

Judy W. Bare Date 11/15/2011
Signature of Applicant

Nomination form submitted by [Signature] Name _____