This Booklet is designed to provide you with the essential information regarding the Governor’s Commission on Senior Services. Whether you are considering applying for Membership or are a newly appointed Member, it will provide answers to many of your questions.

Arce Rebecca E
Updated 8/07/2017
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Mission Statement

The Governor’s Commission on Senior Services is dedicated to enhancing and protecting the quality of life for all older Oregonians. Through cooperation with other organizations and advocacy, we work to ensure that seniors have access to services that provide choice, independence, and dignity.

Brief History

The Governor’s Commission on Senior Services (GCSS) was formed after many years of interest in services needed by and delivered to older Oregonians. A brief timeline follows:

1966 - Interagency Committee on Aging
In 1965, the Older Americans Act (OAA) was established by the federal government. To determine how OAA benefits could be obtained for Oregon’s aging citizens, an Interagency Committee on Aging was established by Governor Hatfield in 1966.

1967 - Governor’s Advisory Committee on Aging
The Older Americans Act programs officially began on March 1, 1967. In May 1967, the Governor’s Advisory Committee on Aging was formed. The primary purpose of this Committee remained as stated by the Office of the Governor, “To assist in the establishment of priorities for federal funding of local programs dealing with current needs of older citizens; to communicate to the public and to the Governor the unmet needs of older citizens and the public attitudes regarding these needs.” In 1972, Governor Tom McCall continued the Governor’s Committee on Aging by Executive Order 67-7. He directed the membership to be 16-21 persons, including at least two from each congressional district. He designated the chairman and the length of terms of appointments. The Committee continued to advise the Department of Human Resources and the Governor on needs of the elderly.

1977 - Governor’s Commission on Aging
In 1977 the Oregon Legislature created the Governor’s Commission on Aging. This commission had 19 members appointed by the Governor and two
members from the legislature. This commission was to advise the Office of Elderly Affairs, which had also been created during the legislative session. The office combined the functions of the former State Program on Aging and the Office of Special Assistant for Programs on the Elderly. The commission was to study programs and budgets of all state agencies which affected senior citizens. It also acted as an advisory body to the Governor, as well as to the Office of Elderly Affairs. The commission functioned until the 1981 legislative session.

**1981 - Governor’s Commission on Senior Services**
The 1981 Legislature passed Senate Bill 955 which created the Senior Services Division within the Department of Human Resources (now the Department of Human Services or DHS) and the Governor’s Commission on Senior Services. This Commission consists of 21 members appointed by the Governor and two members from the Legislature.

**Aging and People with Disabilities (APD)**

Senate Bill 955 created the Senior Services Division and designated it to manage Medicaid and Long Term Care Services for older Oregonians. The Agency has undergone several name changes and is now known as Aging and People with Disabilities. A history of APD may be found at the following site: [http://www.oregon.gov/LTCO/docs/Senior%20History%20project%20final%20full%20copy%206-2013.pdf](http://www.oregon.gov/LTCO/docs/Senior%20History%20project%20final%20full%20copy%206-2013.pdf)

**The GCSS**

The GCSS is an official State Commission made up of at least 21 volunteers appointed by the Governor. In addition, two legislators, one from the House and one from the Senate, are appointed by their respective Senate and House leaders. The GCSS actively seeks advocates for seniors across the state. To the extent possible, members will reflect the demographics of the State with urban/ rural, economic status, geographical distribution, and under-represented communities. A majority of members must be age 60 or over and can serve up to two three-year terms.
The Commission is charged with three primary tasks: to study programs and budgets of all state agencies which affect elderly persons and people with disabilities; to recommend development of a comprehensive plan for delivery of services to elderly persons; and to promote responsible statewide advocacy for elderly persons.

The legislation creating the GCSS may be found in the following Oregon Revised Statutes:

410.320 Governor’s Commission on Senior Services
410.330 Legislator members; expenses
410.340 Appointments to fill vacancies

The website is: https://www.oregonlaws.org/ors/410.330

**Membership Requirements**

The public members of the GCSS are appointed by the Governor for three year terms. The majority of membership shall be 60 years of age or older. The Commission membership must be:

1. Broadly representative of major public and private agencies who are experienced in or have demonstrated an interest in the special needs of elderly persons;

2. Advocates for elderly persons;

3. Persons who are active in advocacy organizations representing the interests of the elderly and people with disabilities who are served by programs provided by the Department of Human Services (DHS); or

4. Consumers of DHS services including low income, minority and people with disabilities.

5. Representatives or advocates that reflect diversity in the elderly population.
Expectations of Service

Service is varied and based upon the needs, expectations and policy goals. The GCSS seats are volunteer positions and have an average expectation of approximately 10-15 hours of work per month. Public members of the Commission are people who may not have regular, ongoing experience in a specific topic area, but have a general interest in the Commission’s work arena. Candidates are expected to actively engage and participate once they are confirmed and appointed. Traveling within the state to meetings can be a part of the GCSS expectations, but teleconferencing is an available option. Finally, the GCSS term is three years and Commission members are subject to a two-term limit.

Attendance

GCSS members are expected to attend all Commission meetings in person or by phone. Absences may be excused by contacting in advance the Staff Support person assigned to the GCSS. After the meeting is convened and roll is taken, the minutes should reflect the names of those members who are excused from meeting attendance. A Commissioner is allowed only two unexcused absences.

GCSS Officer Roles and Responsibilities

1. The Chair will perform the following duties:
   a. Carry out duties described by Governor.
   b. Propose Commission meeting agendas.
   c. Preside at Commission meetings.
   d. Make appointment of Committee Chairs, Committee membership, liaison appointments, and special assignments.
   e. Serve as spokesperson for the Commission.
   f. Serve as ex-officio member of committees.
2. The Vice-Chair will perform the following duties:
   a. Assist the Chair in proposing agendas.
   b. Preside at Commission meetings in the absence of the Chair.
c. In the absence of the Chair, serve as ex-officio member of committees.
d. Carry out activities as assigned by the Chair.
3. The Legislative Committee Chair (Legislative Coordinator) will be responsible for implementing the legislative action plan for the Commission, acting as primary liaison at the Legislature. Capitol assignments will be made by the Legislative Committee Chair.
4. The Members-At-Large will perform the following duties:
   a. Assist the Chair and Executive Committee as assigned.
   b. Monitor liaison assignments and reports to see if action by the entire Commission is required.
   c. Represent the Commission as assigned.
5. The Financial Officer is the key contact within GCSS for monitoring and reporting on expenditures of GCSS against its projected spending plan, and will coordinate GCSS input to APD on its proposed spending plan every biennium.
6. A member of the Executive Committee may serve in more than one position.

How to apply

The Governor of Oregon has a website devoted to Boards and Commissions which may be found at:  http://www.oregon.gov/gov/admin/Pages/Boards-and-Commissions  Click on the + sign to the left on the initial page to reveal a list of information about this topic. Individuals who wish to serve on the GCSS must submit an Executive Appointment Interest Form to the Governor. Potential members are screened to ensure that they meet the criteria. The Governor's office will consult with interested parties before making their decision. The Governor's office may request that the Oregon State Police review a person's background before making an appointment.

The Oregon Executive Appointment Interest Form

Each member appointed by the Governor to the GCSS must first complete an Interest form which may be found at:
In addition, a Résumé detailing your work, educational background, and relevant experience is required as well as a statement of interest of 300-400 words in length which describes why you wish to serve, and why you meet the requirements for appointment. You must be an Oregon resident to apply unless otherwise noted.

Reappointments, must also include a new copy of the Interest Form, a Résumé even if there are no changes, and a statement of interest consisting of a brief paragraph of 300-400 words.

A copy of the Interest Form is found in Appendix I.

**Reimbursement Policy**

As outlined in the enabling legislation, Commissioners are eligible for reimbursement for expenses incurred while on approved Commission business. Serving in GCSS capacity could be attending a planning work committee meeting for which the GCSS was asked to participate, such as the AAA Area Plan Review or as a liaison to another Commission. For requests directed to individuals, the Commissioner must bring the matter before the Executive Committee and obtain their prior approval. This ensures that the Commission knows with whom the member is meeting and is reassured that the message is in keeping with Commission goals. The Commissioner is then eligible to receive compensation.

**2015 ORS 292.495 Compensation and expenses of members of state boards and commissions**

(1) Subject to the availability of funds therefore in the budget of the state board or commission, and except as otherwise provided by law, any member of a state board or commission, other than a member who is employed in full-time public service, who is authorized by law to receive compensation for time spent in performance of official duties, shall receive a payment of $30 for each
day or portion thereof during which the member is engaged in the performance of official duties.

(2) Except as otherwise provided by law, all members of state boards and commissions, including those employed in full-time public service, may receive actual and necessary travel or other expenses actually incurred in the performance of their official duties within the limits provided by law or by the Oregon Department of Administrative Services under ORS 292.210 (Definitions for ORS 292.210 to 292.230) to 292.250 (Reimbursement for use of privately owned motor vehicle on official business).

(3) As used in subsection (2) of this section, "other expenses" includes expenses incurred by a member of a state board or commission in employing a substitute to perform duties, including personal, normally performed by the member which the member is unable to perform because of the performance of official duties and which by the nature of such duties cannot be delayed without risk to health or safety. No member shall be reimbursed for expenses incurred in employing a substitute in excess of $25 per day. [1969 c.314 §1; 1973 c.224 §2; 1975 c.441 §1; 1979 c.616 §1]

Reimbursement Rates

Each Commissioner request for reimbursement must be filed with Aging and People with Disabilities within 60 days of service. The GCSS member may choose to receive their reimbursement either by check issued via U S Mail or by direct deposit to their designated bank account using the Direct Deposit Form. (See Appendix IV) Please note that a reimbursement where direct deposit is not requested may take as long as five weeks.

Lodging~ Mileage~ Meals~ Parking

Requests for expenses related to travel incurred for GSSS approved activities should be filed using the Travel Reimbursement Worksheet (Appendix III) for each Commissioner activity.

Lodging is reimbursed and capped at $89 per night. A Commissioner may choose to stay in a room which costs $129 per night, but would only receive an
$89 reimbursement. This rate can be reduced to $25 if plans are made to utilize non-commercial lodging. For example, if a member must travel to attend a meeting, but the meeting takes place in a city where the committee member has family and/or friends with which they may elect to stay, a $25 per night reimbursement would be allowed. A lodging receipt must accompany the Travel Reimbursement Worksheet.

For Mileage, the GCSS uses the Federal IRS Mileage Rate found at this website: https://www.irs.gov/uac/2017-standard-mileage-rates-for-business-and-medical-and-moving-announced
Current reimbursement for 2017 is 53.5 cents per mile.

The reimbursement for Meals is included with the reimbursement for mileage. Receipts are not necessary for meal reimbursement which is calculated through the time during which the Commissioner travels on Commission business. Meal reimbursement does not include lunch provided during Commission meetings.

Should a GCSS member require accommodation for parking their private vehicle for a meeting or event approved by the GCSS, they may request a Parking Pass from the GCSS Staff Support person or they may claim reimbursement for the cost of parking their personal vehicle.

A parking receipt must be included with the Travel Reimbursement Worksheet.

**Stipend**

A Commissioner shall receive a payment of $30 for each day or portion thereof during which the member is engaged in the performance of official duties. The request for a stipend payment is filed on the APD Payroll Request for Per Diem form. (Appendix II) Multiple dates of service are acceptable on the Per Diem form.
**GCSS Website**

Information about the GCSS, including meeting dates, roster of current members, and an archive of past meeting minutes may be found at:  
[https://www.oregon.gov/DHS/SENIORS-DISABILITIES/ADVISORY/GCSS/Pages/About-GCSS.aspx](https://www.oregon.gov/DHS/SENIORS-DISABILITIES/ADVISORY/GCSS/Pages/About-GCSS.aspx)

**Staff Support Directory**

The Department of Human Services (DHS) Aging and People with Disabilities (APD) and the Governor’s Office provide staff to assist Commissioners in carrying out their appointed duties.

**Staff Support**
Rebecca Arce, MPP  
Cultural Navigator and Policy Analyst  
Aging and People with Disabilities  
Department of Human Services  
500 Summer Street NE Salem, OR 97301  
503-381-6166  
[rebecca.e.arce@state.or.us](mailto:rebecca.e.arce@state.or.us)

**For general questions on Boards and Commissions contact:**
Judge Kemp  
Executive Appointments Manager  
503-378-2317
EXECUTIVE APPOINTMENTS INTEREST FORM

Check this box if this is for reappointment *

**Please also include a résumé and statement of interest.**

This form is an application for an Oregon Board or Commission. Please fill it out completely and return it to the Governor’s Office. If you have any questions feel free to call the Executive Appointments office at: (503) 378-2317.

Options to Return This Form:
Mail: Executive Appointments, Office of the Governor 900 Court St. NE Salem, OR 97301-4075
Use our secure fax number at: (503) 373-0840
Email a scanned copy to: executive.appointments@oregon.gov

Board/Commission Appointment(s) Desired: (Please

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<th>Position Requirements (If any)</th>
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<td>Board</td>
<td>Position Requirements (If any)</td>
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First Name: ___________________ MI: _______ Last Name: ___________________

Preferred Name: ___________________ (Ex: Thomas -> Tom) Title: (Mr. Ms. Dr.) _______ Suffix: (Jr.,PhD)

Occupation: ___________________ (Select one) Home: ☐ Work: ☐

Preferred Mailing Address:

City: ___________________ State: _______ Zip Code: _______ County

(Ex: Marion, Multnomah; Not USA)

Cell Phone: ___________________ Work Phone: ___________ Home Phone: _______

Email Address: (Please print)

State Senate District #: ___________________ State House District #: ___________________ Federal Congressional District #: ___________________

(You can find this information at: http://landru.leg.state.or.us/findlegsltr/home.htm or call your county elections office. This is your home voting district.)

To assist us in meeting our affirmative action objectives, we would appreciate information about your gender and background. This information is optional. Under state and federal law, this information may not be used to discriminate against you.

Gender: Male: ☐ Female: ☐ Disability:____________

Race/Ethnicity: Asian/Pacific Islander ☐ | African American: ☐ | Hispanic: ☐ | Native American: ☐ | Caucasian: ☐ | Multi/Other: ☐ |
EXECUTIVE APPOINTMENTS BACKGROUND INFORMATION

Furnishing the following information is voluntary, but failure to provide the requested data may preclude selection for appointment. The Governor’s Office considers the information on this page to have been submitted in confidence pursuant to ORS 192.502(4). The Governor’s Office will not release this page for public inspection unless required to do so. Information submitted on this Interest Form will be maintained confidential to the extent permitted by the Oregon Public Records Law.

The Governor’s staff and the Oregon State Police may conduct a background investigation to obtain information about you. Please provide the following information and sign below to permit the investigation to be conducted. For an appointment to a state board or commission you are expected to comply with all income tax laws.

I hereby authorize the Oregon State Police and the Governor’s Office to request and review any and all records pertaining to me on file with the Department of Revenue, the Motor Vehicles Division, law enforcement agencies, and past and present employers, employees, business associates, and acquaintances.

Signature (sign here) __________________________________________ Date __________________________________________

a) Please provide any other names you have used or been known as:

b) Are you legally authorized to work in the United States? Yes ☐ No ☐

c) Have you been disciplined, terminated or asked to resign from a position by an employer within the past 10 years? Yes ☐ No ☐

d) Have you EVER been convicted, arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation (except minor traffic offenses with a fine of less than $100.00)? Yes ☐ No ☐

e) Have you ever filed for bankruptcy? Yes ☐ No ☐

f) Have you ever held a professional license of any kind? Yes ☐ No ☐

g) If you have held a professional license, have you ever had disciplinary action of any nature taken against you with regard to such license? Yes ☐ No ☐

h) If you are appointed, is there anything in your background, not covered by questions (a)-(g) above, that might reflect poorly on the State or Oregon or on the Board or Commission to which you have applied, if known publicly? Yes ☐ No ☐

* If your answer to any of the above questions (c) - (h) is “yes,” please give full details on the back of this page or a separate sheet of paper.

Legal Name and Home Address (no PO Box) (Please print or type. Do Not Leave Blank.)

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Disclosure of your Social Security number is voluntary. If provided, it may be used to verify your identity and to obtain your criminal history records, if any. Failure to provide your SSN for these purposes will delay processing your Interest Form.

Social Security Number _______ - _______ - _______ Driver’s License Number ___________________________ State _______

Date of Birth __________/________/_________ Place of Birth

Month _______ Day _______ Year _______ City

Oregon Resident? Yes ☐ No ☐ If yes, how long have you lived in Oregon? ____________________________________________________________________________ Home Phone: ___________________________ Work Phone: ___________________________ Email: ____________________________
Appendix II Per Diem Request Form

ATTENTION: APD Payroll
Department of Human Services
Aging and People with Disabilities
Governor’s Commission on Senior Services (GCSS)

REQUEST FOR PER DIEM

In accordance with ORS 292.495, and as an appointed member of the Governor’s Commission on Senior Services, I request per diem of $30.00 while performing in an official capacity at the following meetings:

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<th>Date</th>
<th>Meeting</th>
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Name: (Please print)

Social Security Number

Signature

OFFICE USE ONLY

Approved # of Days

Approved By

Signature
Name: ________________________________________________

A. Travel

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<tr>
<th>Departure Date/Time</th>
<th>Returned Home Date/Time</th>
<th>From What City</th>
<th>Destination City</th>
<th>Mileage</th>
<th>Parking</th>
<th>Purpose of Travel</th>
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B. Meals and Lodging

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<th>Date</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Lodging Costs</th>
<th>Room Tax</th>
<th>Lodging Location</th>
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C. Miscellaneous Expenses (provide receipt)

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<th>Date</th>
<th>Amount</th>
<th>Expense description</th>
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I ____ did/will, ____ did not/will (check one) not accept travel awards as a result of, or associated with this state business trip. ______ (initial here).

Completion of this section is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards include, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles.

I certify that all reimbursement claimed reflect actual duly required expenses or allowances entitled and that no part thereof has been heretofore claimed from any other source.

Signature: ________________________________ Date: ________________________________