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Regional Advisory Committee on Aging (RACOA) - Interest Form

The Regional Advisory Committee on Aging (RACOA) provides a valuable service by helping the Area Agency on Aging identify needs, develop accessible services, and target resources in the community. They advise and make recommendations to the Area Agency on Aging of the Concho Valley on Aging matters.

Volunteers who serve on this committee will continually advise the Area Agency on Aging of the Concho Valley on all matters relating to the development and administration of operations conducted under the Area Plan, representing the interest of older individuals in the Concho Valley region. The committee meets every other fourth Wednesday of the month, beginning in January, from 10 a.m. to Noon at the Concho Valley Council of Governments Regional Training Center, 2801 W. Loop 306, Suite A, San Angelo, TX.

This committee seeks to include at least one representative, who is preferably age 60 or older, from each county in the Concho Valley region. Individuals of any age, 18 and older, service providers, caregivers, and those who have a genuine interest in addressing the needs of our older population are also invited to become members.

Date: _____

Name: _____

Mailing Address: _____

Contact Number: _____

Email: _____

County you represent: _____

Name of agency/business you present, if applicable: _____

To better identify the composition of the current RACOA membership, please check all that apply.

- Age - 60 & over
- Local Elected Official
- Disabled or Serve as a Caretaker
- Business and/or community leader
- Representative of the media or volunteer station
- Texas Silver Haired Legislator
- Representative of health care provider organization, including Veterans' health care
- Representative of the Health and Human Services Commission agencies
- Representative of other social, educational, civic and health-related agencies
- Representative of the Senior Companion Program
- Representative of the Foster Grandparent Program
- Other: _____

How did you hear about the RACOA?

Have you attended any RACOA meetings? If so, how many? _____

What is your interest in serving on the RACOA?

Besides RACOA, what other AAA volunteer programs do you serve on, if any?

What goal(s) would you like to accomplish as a RACOA member in this upcoming Fiscal Year:

Please list any other community advisory councils or Boards that you serve on:

Please list any questions/suggestions you may have regarding the Area Agency on Aging:

Contact Preference for meeting reminders: **(please circle)** Email or Phone

Preference for receiving RACOA meeting info: **(please circle)** Email or Mail

****Emergency Contact Name & Number:** _____

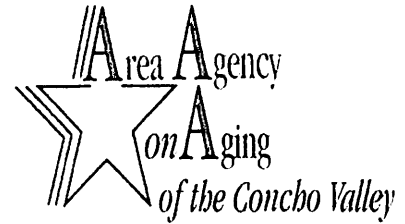
****We would like to have a second point of contact to reach you at, in case we have not been able to make contact.**

AAA Use

Suggested By: _____ Date: _____

Aging Director provided to Membership Subcommittee Chair on _____ of 2017.

A Program of the Concho Valley Council of Governments
*Funded by the Texas Health and Human Services Commission
Coke, Concho, Crockett, Irion, Kimble, Mason, McCulloch, Menard,
Reagan, Schleicher, Sterling, Sutton and Tom Green Counties



Conflict of Interest Form

For Regional Advisory Committee on Aging members

Area Agencies on Aging (AAA) are required to establish Advisory Councils that will advise the AAA on matters relating to the development and operations conducted by the agency. We must also ensure that the composition of the Council/Committee reflects the profile of the population served by the AAA. Therefore, Advisory Council/Committee members should consist of:

1. Persons 60 years or older who are program participants or who are eligible to participate in programs under the Older Americans Act
2. Family Caregivers of persons 60 years or older
3. Representatives of persons 60 years or older
4. Service Providers
5. Representatives of the business community
6. Local elected officials
7. Providers of veterans' health care
8. The general public

Furthermore, the AAA must ensure that its Advisory Council Members are not subject to a conflict of interest. A conflict of interest includes:

1. Having a substantial financial or personal interest, directly or indirectly, in the profits of any entity from which services or goods are contracted or otherwise procured by the AAA.
2. Deriving a personal profit, directly or indirectly, from any entity that would conflict in any manner or degree with the performance of responsibilities of the Advisory Council Member.

This policy affirms the belief that all individuals who serve as Regional Advisory Committee on Aging members will ensure to take the proper steps to avoid conflict of interest while providing representation to clients or potential clients seeking assistance through the Area Agency on Aging of the Concho Valley.

By signing below I, _____, accept and acknowledge that I have read and agree to abide by the Conflict of Interest policy as set forth by the Concho Valley Council of Governments/Area Agency on Aging of the Concho Valley on this _____ (day) of _____ (month), 2017.

RACOA Member Signature

Aging Director Signature