



Lake County
Health Department and
Community Health Center

LAKE COUNTY HEALTH DEPARTMENT AND
COMMUNITY HEALTH CENTER
GOVERNING COUNCIL APPLICATION

Name Miriana Smith Home Phone 224-413-5591
 Home Address 21 Washington Terrace Waukegan
~~Waukegan~~ IL 60081 City Lake
 State Zip Code County
 Date of Birth 10-3-64 E-mail Address peacegracejoy2014@gmail.com
 Gender: F

Ethnicity: Asian Black/African American American Indian/Alaskan Native
 Hispanic/Latino White Other _____

Do you presently derive any income from the healthcare industry? ___ Yes ___ No

Have you obtained medical care from the Lake County Health Department and Community Health Center within the past 2 years? Yes ___ No

Are you related to anyone who works for the Lake County Health Department? ___ Yes No

Governing Council Areas of Interest:

Budget/Finance Customer Service
 Quality Improvement Strategic Planning
 Community Engagement Health Center Operations

Professional activities/organizations, including offices held:

Name of Lake County Boardmember
Lake County Suicide Prevention Task Force
Facilitator - Familia a familia NAME
IDMH - WRAP - wellness recovery action plan facilitator

Please state why you are interested in the appointment:

I am excited about the growth
of the Lake County Health Dept.

I want to give back to help others
receive the services that helped my journey.



LakeCounty

Health Department and
Community Health Center

If nominated, nominated by:

Name

Affiliation

Address

Phone

Council membership is open to consumers and residents from Lake County. This ensures a balance of input from all groups affected by and interested in the Lake County Health Department and Community Health Center activities. At times, it is necessary to identify potential conflict of interest situations; therefore, please answer the following question.

Currently, or within the last 12 months, have you had any ownership, employment, medical staff, fiduciary, contractual, creditor, consultive, or familiar relationship with the Lake County Board of Health, Health Department and Community Health Center, or with any of its employees?

Yes

No

Explanation if yes:

Attach a resume, if available

The above information is accurate and correct to the best of my knowledge.

Date

1-10-2019

Signature of Applicant

MIRIAM Smith