LakeCounty
Health Department and
Community Health Center

GOVERNING COUNCIL MEMBERSHIP APPLICATION

Name: Lalitha K. Mathew

Home Address: [redacted]
(STREET ADDRESS, CITY, ST, ZIP)

Work Address: _____
(STREET ADDRESS, CITY, ST, ZIP)

Cell # [redacted] **Home #** [redacted] **Work #** _____

Email(s): [redacted]

Date of Birth (MM/DD/YY): [redacted]

Gender: ☐ Man ☑ Woman ☐ Genderqueer/Non-Binary ☐ _____

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

What is your preferred language: X English Other: _____

Do you have access to transportation to attend meetings? X Yes _____ No

Do you have access to childcare to attend meetings? _____ Yes _____ No X N/A

Do you have food allergies? X No _____ Yes Please list: _____

I attest that I or my dependent(s): ____ HAVE / X HAVE NOT obtained medical, dental, or behavioral health care from the Lake County Health Department and Community Health Center within the past 2 years.

I attest that I: ____ AM / X AM NOT an employee of the Lake County Health Department and Community Health Center, or the spouse, child, parent, brother or sister by blood or marriage of an employee.

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

Professional activities/organizations, including offices held:
I currently serve on the Architectural Commission of the Village of Long Grove.

Please state why you are interested in becoming a member of the Governing Council:
I have had a long, successful career in healthcare with proven results. I would like to share my knowledge and expertise with other Council Members to help the health of community members. I would also like to see how we can provide healthcare to the most vulnerable among us efficiently and effectively without sacrificing quality care.

LakeCounty
Health Department and
Community Health Center

Indicate your areas of interest regarding the business conducted by the Governing Council:

☑ Budget/Finance ☐ Customer Service ☑ Quality Improvement

☑ Strategic Planning ☐ Community Engagement ☑ Health Center Operations

Who were you referred by:

Christopher Hoff
Name

Organization/Agency

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, the Lake County Health Department and Community Health Center, or with any of its employees?

_____ Yes __x__ No

If "Yes," please explain:

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

Signature of Applicant

6/1/2026
Date

***ATTACH A CURRENT RESUME**

Submit this application and accompanying resume to:
Khiabet Mata
Executive Director Assistant
Lake County Health Department and Community Health Center
3010 Grand Avenue, 3rd Fl.
Waukegan, IL 60085
(847) 377-8118
Kmata@lakecountyil.gov