



SNOHOMISH COUNTY APPLICATION FORM Community Services Advisory Council (CSAC)

**OFFICE USE ONLY:**

SnoCo District _____ Legislative District _____ New Member _____ Re-Appointment _____

PERSONAL INFORMATION

Name: Shakima Tozay
Home Street Address: 5707 284th Street NW
City: Stanwood State: WA Zip: 98292
Phone: (253) 961-4650 Email: kima.tozay@gmail.com
Mailing Address (if different): same as above

PROFESSIONAL EXPERIENCE

CURRENT EMPLOYMENT (if applicable): Title: Senior Social Worker- Primary Care
Address: Mount Vernon VA Clinic 98274 Phone: 360-848-8500 XT 3813
Work email: shakima.tozay@va.gov Employed From 7/2022 To: present
Type of Work: Medical Social Work
Duties Performed: Case Management within VA Primary Care Community Based Outpatient Clinic, serve aging Veterans and caregivers, provide long-term care education and resources, interface with Hospice, Palliative care and hospital discharge planning teams for the transition of care, and refer to skilled nursing rehab facilities.

EDUCATIONAL BACKGROUND

High School Attended: Theodore Roosevelt High School, Bronx, NY
Community College Attended: Olympic College
Technical/Trade School Attended: N/A
College Attended: University of Washington, Tacoma School of Social Work
Degree(s) Earned: Master of Social Work
Professional Certificates/Licenses Earned: Licensed Clinical Social Worker (WA), Perinatal Mental Health Certification, Certified Diversity Professional (CDP)
Professional Classes or Workshops Taken: Harvard Kennedy School, Public Leadership Credential :Policy Executive Leadership Certification, Design and Delivery Course
Personal Enrichment Classes Taken: 8 week Mindfulness Meditation Course, Project Management,



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BOARD SERVICE

Please list all other boards/commissions/councils on which you **currently** serve:

1. Snohomish County Children's Commission: Vice Chair
2. Perinatal Support Washington, Governance Board Committee Member
3. VA Inclusion, Diversity, Equity and Accessibility Committee: Co: Chair

VOLUNTEER/COMMUNITY INVOLVEMENT

Please list your current & past volunteer involvement & note if you were an officer/held a position of authority.

1. North Sound ACH Proposal Review Committee
2. Low Income Needs Assessment Working Group, Snohomish County
3. WSHA Birth Equity Committee member

Reason/interest for wanting to serve? I want to utilize my professional skills and experience in the areas
military social work practice, social policy, Diversity, Equity and Inclusion education and experience and passion for
improving access to care and services for disadvantaged communities. I want to improve systems so that

– they are more equitable and accessible. Joining this Council will provide me with exposure to other

– community members and professionals engaged in poverty work.

What would you like to accomplish as a result of your participation on the CSAC? _____

I also want to learn how to partner with political figures and create and implement policies that support the elimination
of poverty in Snohomish County. I hope to engage the local community to find solutions to poverty and implement
action plans to change systems that currently do not support equity and inclusion.

Comments: Thank you for the consideration.



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REASONABLE ACCOMMODATIONS

It is the policy of the CSAC that persons shall not be discriminated against membership on the Council because of race, color, national origin, creed, religion, sex, age, marital status, sexual orientation or ability. The CSAC actively encourages members of diverse communities to apply.

The CSAC values diversity and will reasonably assist participants who are disabled. Please tell us what accommodations are needed to fully participate on the CSAC: None

CONFLICT OF INTEREST

I, Shakima Tozay, agree to immediately notify the CSAC executive committee in writing of any real or perceived conflict of interest that may occur while serving on the CSAC. A conflict of interest exists when an individual's objective ability or independence of judgment in the performance of their official duties is impaired, or when the individual or individual's immediate family or business would derive financial gain as a result of the individual's position with the CSAC.

Time Commitment and Expectations of All CSAC Members

1. A commitment to work on the identified needs from the Community Needs Assessment.
2. A willingness and ability to commit an estimated three (3) hours a month to CSAC meetings, activities and preparations.
3. Attendance to all regularly scheduled meetings.



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4. If you are employed, your work schedule must allow you to commit the time to regularly attend the monthly CSAC meetings. All meetings are held during business hours.
5. A willingness and ability to attend an annual planning meeting.



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COUNCIL DESIGNATION

The CSAC is required to include in its membership a specified ratio of persons who are low-income (or their representatives), elected officials (or their representatives) and community members. Please indicate which of these categories you believe you would represent:

- ☐ Low-Income (or Representative)
- ☐ Elected Official (or Representative)
- ☒ Community Member

Please mail or email completed applications to:

Tyler Verda, Community Service Block Grant Program Manager
Snohomish County Human Services Department
3000 Rockefeller Avenue, M/S 305
Everett, WA 98201
tyler.verda@snoco.org (425) 262-2904

See us at <http://www.snohomishcountywa.gov/521/Community-Services-Advisory-Council>

I, Shakima Tozay, certify that the information provided on this application is true to the best of my knowledge and agree to uphold the Conflict of Interest and Time Commitment and Expectations of the Community Services Advisory Council.


Signature of Applicant

2/21/2023

Date