



Board of County Commissioners Agenda Request

2S
Agenda Item #

Requested Meeting Date: January 27th, 2026

Title of Item: Approval for New Health and Human Services Advisory Committee Member

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA	Action Requested: <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <input type="checkbox"/> Hold Public Hearing <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Information Only
Submitted by: Sarah Pratt		Department: Health and Human Services
Presenter (Name and Title):		Estimated Time Needed:
Summary of Issue: Seeking Approval for a new Health and Human Services Advisory Committee Member. Jacquelyn Follmer, district 3 representative.		
Alternatives, Options, Effects on Others/Comments:		
Recommended Action/Motion: Seeking Approval.		
Financial Impact: Is there a cost associated with this request? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What is the total cost, with tax and shipping? \$ Is this budgeted? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please Explain:</i>		

Legally binding agreements must have County Attorney approval prior to submission.



HEALTH & HUMAN SERVICES

Aitkin County
204 1st Street NW
Aitkin, MN 56431

Phone: 218-927-7200
Toll Free: 800-328-3744
Fax: 218-927-7210

Advisory Committee Application Form

NAME: Jacquelyn (First) A (MI) Follmer (Last)

Address: 32514-186th St
ISIE, MN, 56342

Home Phone: _____
Business Phone: _____
Cell Phone: 218-316-7805

Employer: _____ Occupation: retired
Email Address: follmerjackie@yahoo.com

1. Please state your reason for applying:

To help others protect ^{their} ~~there~~ health

2. What has been your past involvement with Public Health Services, Social Services, Financial Services, and other civic and community activities?

my son is disabled and recieved ^s services

3. Are you able to attend meetings during the day? ☒ Yes ☐ No
Currently meetings are held at 3:00pm on the first Thursday of each month.
4. Are you able to attend at least 10 meetings per year? ☒ Yes ☐ No
5. Would you be willing to serve a one-year or a two-year term? ☒ 1yr ☐ 2yr

Signature of Applicant: Jackie Follmer Date: 12-4-25

PLEASE COMPLETE AND SUBMIT THIS APPLICATION TO:

Aitkin County Health & Human Services Attention:
Paula Arimborgo
204 1st Street NW
Aitkin, MN 56431

Or email to paula.arimborgo@aitkincountymn.gov
Questions? Call: 218-927-7203 or 1-800-328-3744

MINNESOTA OPEN APPOINTMENT ACT
APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Aitkin County Health & Human Services Advisory Committee

NAME OF APPLICANT: Jacquelyn A Follmer

STREET ADDRESS OF APPLICANT:

32514-186th St
Isle MN 56342

PHONE NUMBERS:

DAYS 218-366-7805

EVENINGS _____

AITKIN COUNTY COMMISSIONER DISTRICT 3

Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

To help others who can not help them
selves with health and being vulnerable

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

Jackie Follmer
Signature of Applicant

12-4-25
Date

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Is this application submitted by appointing authority? Yes ☐ No ☒

Is this application submitted at the suggestion of appointing authority? Yes ☐ No ☒

**Please return application to the Aitkin County Health & Human Services office, located at
204 - 1st Street NW, Aitkin, MN 56431**

For Office Use Only

Date Appointed: _____

Date of Term Expiration: _____

Term #: _____