

COUNTY OF EL DORADO
HEALTH & HUMAN SERVICES

Olivia A. Byron-Cooper, MPH
Director

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AGENCY DIVISIONS

Administration & Finance
Behavioral Health
Community Services
Protective Services
Public Health
Self-Sufficiency

I declare that I or one of my household members has a disability within the meaning of the Rehabilitation Act of 1973.

Name: _____

Signature: _____

Date: _____