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| **:JCC Logo rgb.pdf** | **CONTACT: Hannah Ancel Community Engagement Coordinator 503-416-5845 ancelh@careoregon.org** | |
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Community Advisory Council Application

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Dear Community Member,

Thank you for your interest in becoming a member of the Jackson Care Connect Community Advisory Council (CAC).

The CAC gives ideas and recommendations to the JCC Board of Directors. They help build a system of high quality health care for all Oregon Health Plan members in Jackson County. The Council is a great way for people to share their thoughts, concerns and ideas.

CAC member responsibilities include:

1. Speaking out about preventive care on behalf of members
2. Helping to create wellness programs based on needs in the county
3. Adding ideas to an annual report on the health of JCC
4. Looking at JCC’s work completed and the goals reached each year
5. Attending one CAC meeting a month – every third Wednesday, 4-6 p.m. in Medford
6. Serving for up to a three-year term

**Help for invited CAC members:** $25 gift card for transportation and/or approved costs per meeting; up to  $35 for childcare or attendant care per meeting; and when approved, financial help for CAC members to attend special meetings.

**If you would like to apply, please complete all sections on both pages.**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE(circle): 18 –25 26 –35 36 –45 46 –55 56 –65 66+

I am: \_\_\_\_\_Male \_\_\_\_\_Female \_\_\_\_\_Transgender Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check all that apply:**

\_\_\_\_\_Current OHP member Number of years with OHP as a member\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Former OHP member (Last 2 years)

\_\_\_\_\_Parent/Guardian of current OHP member

\_\_\_\_\_Parent/Guardian of a former OHP member (Last 2 years)

\_\_\_\_\_I work/volunteer for an agency or business associated with one of the above.

Name the agency or business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race/Ethnicity (Optional):**

\_\_\_\_\_American Indian/Alaska Native \_\_\_\_\_Asian/Pacific Islander \_\_\_\_\_Black \_\_\_\_\_Hispanic \_\_\_\_\_White \_\_\_\_Multi-racial (please identify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Areas of Special Knowledge or Interest (Check all that apply):**

Housing Education Maternal/child health

Children’s services Transitional age youth Addictions

Mental health services Wellness Illness Prevention

Senior services Disability services Health equity/disparities

Dental services Medical services Corrections

Public health Early learning Immigrant/refugee peoples

Local government Tribal communities Faith communities

Traditional health workers LGBTQI communities Domestic violence

Communities of color Public policy Veteran services

**Please provide three references that can speak about your skills and abilities, and how you would work within a group setting.**

**1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return your application to: Hannah Ancel, Community Engagement Coordinator, Jackson Care Connect, 33 N. Central Avenue, Ste. 320, Medford, Ore., 97501**

## About Jackson Care Connect

Jackson Care Connect serves the people of Jackson County as an Oregon Health Plan (Medicaid) Coordinated Care Organization. We bring physical, behavioral and oral health care together, to make it easier for members to get the care they need. Our mission is to help members of our community prevent illness and respond effectively to health issues. We partner with other organizations to explore innovative projects that promote a healthy Jackson County.