



# 2016 Community Advisory Council Application

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

**Mailing Address:** \_\_\_\_\_

(Please include City, State, Zip)

**Daytime Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

*Date of Birth and SS# are used for standard background checks. This information will remain secure and confidential.*

**Are you over the age of 18?**       Yes       No

**Please list the approximate number of hours per month you could devote to activities:** \_\_\_\_\_

**Monthly meetings are usually on Thursday night. Will that work for you?**       Yes       No

**If you are selected as a CAC member, the following benefits may be available to you in addition to a meal provided at the monthly meetings. Please check the items which you would require. (Note: CAC members who receive these benefits will be required to fill out a 1099 for Tax purposes.)**

- \$40 Gift Card per Meeting to Fred Meyer for Meeting Attendance
- Transportation – Free transportation via Bay Cities Brokerage, UHA’s Non-emergent Medical Transportation Provider, will be available to those CAC members who are also UHA Members.
- Child Care – A \$20 gift card per child per meeting to Fred Meyer or Walmart will be provided to CAC members to assist with child care costs.

**Please check the area in the County that best represents where you live:**

- North & East Douglas County (north or east of Roseburg/Winchester area)
- West Douglas County (areas west of Roseburg/Green)
- South Douglas County (areas south of Roseburg/Green)
- Central Douglas County (Roseburg, Green, Winchester areas)

**I have a special interest or knowledge in the following (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Seniors or People with Disabilities | <input type="checkbox"/> Mental Health or Addictions |
| <input type="checkbox"/> Health/Medical                      | <input type="checkbox"/> Dental                      |
| <input type="checkbox"/> Education                           | <input type="checkbox"/> Local Government            |
| <input type="checkbox"/> Children                            | <input type="checkbox"/> Tribe                       |
| <input type="checkbox"/> Housing                             | <input type="checkbox"/> Faith Community             |

**I am applying as (please select one):** \_\_\_\_\_



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- Current UHA CCO consumer  
Member Name \_\_\_\_\_ ID Number \_\_\_\_\_
- Parent/Guardian of UHA CCO consumer
- Former OHP Member
- Parent/Guardian of Former OHP Member
- I work/volunteer (or previously worked/volunteered) for an agency or business associated with one of the above special interests.  
Name the agency or business: \_\_\_\_\_

If selected to serve on the Community Advisory Council, do we have your permission to list your name on our website and in printed material?  Yes  No

Have you ever been convicted of any fraud or healthcare related crime?  
 No  Yes If yes, please describe: \_\_\_\_\_

**Please explain your interest in being a member of the UHA Community Advisory Council (CAC).**

**Please provide a brief summary of your current and previous volunteer experience.**

**Please list community health issues that are important to you and suggestions you may have for improving health in Douglas County.**

**Please list two or three people below who can tell us about what you would contribute to the CAC:**



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Name	Organization	Phone	Email
1.			
2.			
3.			

Thank you for completing this application and for your interest in volunteering with Umpqua Health Alliance CCO.

**Your application must be received on or before June 17, 2016.**

**Mail** Umpqua Health Alliance | ATTN: Natalie Mc Farland | 1813 W Harvard | Suite 426 | Roseburg OR 97471

**Email** [nmcfarland@architravehealth.com](mailto:nmcfarland@architravehealth.com)

**Questions** [nmcfarland@architravehealth.com](mailto:nmcfarland@architravehealth.com) or 541.464.6291

**Deadline** Applications must be **received** by June 17, 2016.