

InterCommunity Health Network CCO

Become involved in our Community Advisory Council

As a member of our Council, you will look at the health needs of your county and help us decide what to do. If you would like to be a part of the InterCommunity Health Network CCO Advisory Council, please complete this application.

Your Contact Information

Name:

Address:

Mailing address (if different from above):

County of residence and years lived there:

Phone:

Email:

Best way to contact me: Phone Email Mail

Your Application

Are you an Oregon Health Plan member? Yes No

Are you the parent or legal guardian of an Oregon Health Plan member? Yes No

Your experience with being an Oregon Health Plan member or parent or legal guardian of an Oregon Health Plan Member is:

None Less than 1 year 1-2 years 3-5 years More than 5 years More than 10 years

Are you a member of other community organizations? Yes No

If yes, please list:

Are you willing to devote an average of 6-8 hours per month for advisory council activities? Yes No

Are you interested in : Local council (your county) Regional council (Benton/Lincoln/Linn) Both

Can you attend weekday meetings at the following times (check all that apply):

Mornings Afternoons Evenings Noon Hour

We may be able to provide transportation to these meetings and other accommodations such as language interpretation. Do you need transportation, interpretation or any special accommodations? Yes No

If YES, what do you need?

Race/ethnicity (optional):

American Indian/Alaska Native Asian/Pacific Islander Black Hispanic White Other

Please tell us what you have done that makes you a good candidate for our Advisory Council. If you wish, you may attach a resume or other items that describe your background.

More on next page >

Please list the community health issues that are important to you:

Why do you want to be involved with this advisory council?

Your References

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

Name	Organization	Phone	Email
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1.

2.

3.

Your Signature

The statements made by me on this form are true and correct to the best of my knowledge and belief.

Signature

Date

Mail your completed application to:

- BENTON COUNTY – Attn: Mitch Anderson, P.O. Box 579, Corvallis, OR 97339
- LINCOLN COUNTY – Attn: Cheryl Connell, 36 SW Nye St., Newport, OR 97365
- LINN COUNTY – Attn: Frank Moore, 315 4th Ave SW, Albany, OR 97321
- Or send direct to IHN-CCO, P.O. Box 1310, Corvallis, OR 97339

This application is also available online at www.samhealth.org/IHN-CCO.

What happens next?

When we receive your application, we will contact you to set up a time to meet. During the meeting, we will provide you with more detail on the duties and roles of the Council. We will ask you how much time you are able to commit to this work. Also, we will ask you to choose which role on the Council is the best fit for you.

Your application will be reviewed by your county health department and InterCommunity Health Network CCO. They will choose possible Council members. The Governing Board of InterCommunity Health Network CCO will decide who is on the Council. The full process will take several weeks. You will be notified by mail whether or not you have been selected for the Council. If you are not chosen, your application will be held for one year. You may be considered again for the Council during the year if other openings occur for your county.