

Become involved in our Community Advisory Council

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

Contact information	
Name:	
Address:	
Mailing address (if different):	
Phone:	Email:
Best way to contact me: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail	
Your application	
Are you an Oregon Health Plan member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you the parent or legal guardian of an Oregon Health Plan member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your experience with being an Oregon Health Plan member or parent or legal guardian of an Oregon Health Plan Member is: <input type="checkbox"/> None <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> More than 10 years	
Are you a member of other community organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:	
Are you willing to devote an average of 6-8 hours per month for advisory council activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you interested in: <input type="checkbox"/> Local council (your county) <input type="checkbox"/> Regional council (Benton/Lincoln/Linn) <input type="checkbox"/> Both	
Can you attend weekday meetings at the following times (check all that apply): <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what do you need?	
Race/ethnicity (optional) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> 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.	

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

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

References

Please list two or three people who can tell us about you and what you would contribute to the council.

Name	Organization	Phone	Email
1.			
2.			
3.			

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: Dawn Emerick, PO Box 579, Corvallis, OR 97339

Lincoln County: Rebecca Austen, 36 SW Nye St., Newport, OR 97365

Linn County: Todd Noble, 315 4th Ave. SW, Albany, OR 97321

You can also send your application to: Bruce Butler, IHN-CCO, PO Box 1310, Corvallis, OR 97339

This application is also available online at **IHNtogether.org**.

What happens next?

We encourage you to attend a Local Advisory Committee meeting. You can find information about upcoming meetings on the website at **CAC.IHNtogether.org** under **Who We Are** then clicking **Local Advisory Committees**.

After 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 committees. We will ask you how much time you are able to commit to this work and encourage you to attend your Local Advisory Committee meeting. Thank you for your interest. We look forward to meeting you.