Community Advisory Council Application

Columbia Pacific CCO™
Part of the CareOregon Family

Please complete all fields below as indicated.

Would you like to make a difference in your own health care? Are you enrolled in Oregon Health Plan (OHP)? Are you a caregiver for a member of OHP? Columbia Pacific Coordinated Care Organization has Community Advisory Councils (CACs) in each county. The CACs help us to best meet the needs of our OHP members and the whole community in many ways:

- Meet the health care needs of OHP members and the community
- Find and advocate for preventive care services
- Complete the Community Health Assessment
- Build a great Community Health Improvement Plan (CHIP)
- Assess services provided by OHP and Columbia Pacific CCO
- Communicate well with OHP members and others

Name:_____

Pronouns (she/her, he/him, they/them, etc.):_____

Phone: _____ Best time to call:_____

Address:_____

City: _____ State:_____ Zip: _____

Email: _____

Please check all that apply:

- ☐ I am enrolled in the Oregon Health Plan (OHP).
- ☐ I am a parent, guardian, or caregiver of someone enrolled in OHP.
- ☐ I work closely with people enrolled in OHP.
- ☐ I am a Traditional Health Worker, Case Manager, and/or Advocate for OHP members.
- ☐ I live in Clatsop, Columbia, or Tillamook County.
  Which county? _____

What type of membership would you like? We offer flexible options so you can engage in a way that works for you.

- ◯ Monthly/Quarterly Membership: A voting member who attends monthly meetings, or at least four times per year.
- ◯ Short-Term Membership: A non-voting member who is taking part in a specific community project with the CAC.
- ◯ Not sure and would like to discuss.

What can we provide to support you in joining our meetings? (Examples: Assistance with technology, mobility, language interpretation and translation and more.):

_____

Optional: A variety of people serve on our CACs. Your voice and knowledge are valuable and important to improving community health. Can you share more about your lived experiences? You may have special wisdom and experiences regarding, like:

- ☐ Functional diversity or disability
- ☐ Age
- ☐ LGBTQIA+
- ☐ Tribal membership
- ☐ Houselessness
- ☐ Intimate partner or sexual violence survivor
- ☐ Being an immigrant or refugee
- ☐ Being a person of color, including being biracial
- ☐ Language access difficulty
- ☐ Substance use disorder or recovery
- ☐ Incarceration
- ☐ Foster care system
- ☐ Poverty
- ☐ Mental health needs

Or any experience that you want to share with us or the CAC:

What inspired you to apply for the CAC? What do you hope to gain, and what do you hope to offer? Would you like training or other support to be an effective CAC member?

Signature: _____ Date: _____

Please send this form to:

Columbia Pacific CCO Advisory Council Coordinator
315 SW Fifth Ave
Portland OR 97204
or *caccoordinator@colpachealth.org*

You can get this application in other languages, large print, braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 503-488-2822 or 855-722-8206 or TTY 711. We accept relay calls.

OHP-CPC-22-3233