



Columbia Gorge Health Council Community Advisory Council Membership

Application Form

This form is for community members who may want to serve on the Community Advisory Council (CAC).

The Community Advisory Council (CAC) is a committee of the Columbia Gorge Health Council (CGHC). This Health Council governs the Columbia Gorge Coordinated Care Organization (CCO). The CCO is also known as the Oregon Health Plan, or OHP.

The CAC guides the CGHC to respond to the needs of people on the Oregon Health Plan in Hood River and Wasco Counties. It also makes sure the CGHC responds to the needs of the whole community.

Why might I want to serve on the CAC?

When you serve on the CAC, you contribute to making our community better for all, most of all for people on OHP. You can also learn and grow as a leader. You will have a chance to advocate for solutions that support health and well-being in the region.

What would I do as a CAC member?

- Make sure the CCO stays focused on the community by sharing your opinions and advice
- Talk about your experiences getting care and help find ways to make the care better
- Suggest how to improve the health care and services in the Gorge
- Oversee the Gorge Regional Community Health Assessment and Community Health Improvement Plan

How much time would it take?

- Once a month you would attend one meeting for two hours. There is no meeting in July. One month the meeting is in The Dalles and the other month it is in Hood River.
- You would commit to attend at least 6 of the meetings per year for 2 years.

What kind of support do you offer CAC members?

We value the input of CAC members. To thank and support them we offer:

- A \$50 stipend each meeting
- Transportation and childcare support as needed
- Interpretation

Do you have questions? Would you like help filling out this form? If so, please call Amy at 541-705-2705

If you would like to apply for the CGHC Community Advisory Council, please fill out this form and return it to:

Columbia Gorge Health Council
610 Court Street
The Dalles, OR 97058
Email: amys@gorgehealthcouncil.org

Please type or print clearly:

First Name Last Name

Phone Email (if you have one)

Address

City Zip County

Organization or Employer (if that is who you would represent) Date of Birth

1- What is your gender identity?

- Female Prefer to self-describe _____
 Male Prefer not to say
 Non-binary/ third gender

2- Do you identify as having a disability? Yes No

3- With which racial or ethnic groups do you identify? (Check all that apply.)

- African American/Black Native Hawaiian/Other Pacific Islander
 Asian American/Asian White
 Hispanic/Latinx Other (Please specify): _____
 Middle Eastern/North African
 Native American/Alaskan Native

4- This is how long I have been an Oregon Health Plan (OHP) member:

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

5- Please check all that apply:

- I am an Oregon Health Plan (OHP) Member. This means I am enrolled in OHP now.
- I have a family member, or I am the legal guardian of an OHP member.
- I am a Community Leader.
- I work for a community organization called: _____

6- Would you need transportation, interpretation, childcare support or any other support? If so, please explain what help you would need:

- No
- Yes (explain): _____

Please tell us about yourself. Please write about your background and if you have been a part of other community meetings or advisory councils. Attach one more page if needed.

Please tell us why you want to be a part of the CAC.

Please list two or three people below who can tell us about you.

1) _____

First Name	Last Name

Organization or Employer (if this applies)	

Phone	Email
_____	_____

2)

First Name	Last Name
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Organization or Employer (if this applies)

Phone	Email
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3)

First Name	Last Name
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Organization or Employer (if this applies)

Phone	Email
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I swear that what is written on this form is true and correct to the best of my knowledge and belief. If I am invited, I agree to serve on the CGHC Community Advisory Council for two years. I will attend and participate in at least six meetings a year and other sub-committee meetings as needed. If I am not able to attend, I will call or email the CGHC staff before the meeting.

Signature	Date
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Please note that if you fill out this form, it does not make you a CAC member. The CAC Selection Committee will choose members to make sure people from all over Hood River and Wasco Counties have a voice at this table.

If we are not able to invite you to be a CAC member, can we contact you to be a part of other CGHC activities in the future? Yes No

Thank you for applying! We will get back to you in less than 2 weeks to let you know about your application.