



Community Advisory Council (CAC) Membership Application

The Community Advisory Council (CAC) is a committee of the Willamette Health Council (WHC). The CAC is made up of people living in Marion and Polk Counties who are on the Oregon Health Plan, as well as local community organizations who serve our region.

WHC works with community members who are currently receiving Medicaid health benefits through the Oregon Health Plan, as well as local healthcare providers and community-based organizations. WHC holds the local Coordinated Care Organization (CCO), PacificSource Marion-Polk, accountable to its commitment to community engagement and reinvestment to support Oregon Health Plan members. The CAC helps make decisions about this community engagement and reinvestment.

CAC meetings are every 4th Thursday of the month from 1:00pm to 3:00pm.

You have the option to attend in-person at our downtown Salem office or via Zoom.

Why would I want to serve on the Community Advisory Council?

When you serve on the CAC, you help make your community better by sharing your point of view and providing advice to the Willamette Health Council. You will have a chance to advocate for programs that support health and well-being in the region. You may also learn and grow as a leader in your community.

What would I do as a CAC member?

- Learn about health care benefits covered by the Oregon Health Plan
- Share your experiences about getting health care
- Suggest ways to improve health care services in Marion County and Polk County
- Help with the Community Health Assessment and Community Health Improvement Plan processes
- Provide guidance to the Willamette Health Council about investments in programs and services that may improve community members' health and well-being.

How much time would it take?

- CAC members attend one (1) meeting per month that lasts about two (2) hours.
- CAC members may volunteer to also serve on the WHC Board of Directors, Clinical Advisory Panel (CAP), Community Impact Committee (CIC) or another sub-committee which would require additional time and effort.

What kind of support do you offer CAC members?

- We believe your time is valuable. We offer a stipend for each CAC meeting you attend.
- If you need help with transportation, we may help you coordinate rides or reimburse bus tickets.
- We can also help with language interpretation and document translation.

How do I join the CAC?

Please complete the attached application. A committee will review your application and may call you to learn more about your interest. If you need help completing the application, please call Sarah Smith (she/her) at (503)569-0341.

Name: _____

Pronouns: _____

Today's Date: _____

Address: _____

City: _____

County of Residence:

Marion County

Polk County

Other: _____

State: _____

Zip Code: _____

Phone Number: _____

Email Address: _____

Current Employer (optional): _____

Job Title (optional): _____

Tribal Affiliation (optional):

Confederated Tribes of Grand Ronde

Confederated Tribes of Siletz

Confederated Tribes of Warm Springs

Other: _____

Oregon Health Plan (OHP) Status:

(Check all that apply)

I have OHP. My card is with...

PacificSource

Open Card

Other: _____

I don't know

My child or dependent has OHP. Their card is with...

PacificSource

Open Card

Other: _____

I don't know

I have both Medicaid (OHP) and Medicare

I have been an OHP Member in the past

I have never been an OHP Member

Other _____

1. Please tell us about yourself, including your background, your culture, and/or the point of view you would bring to the Community Advisory Council (CAC).

(Character Limit: 4000 characters)

2. Please tell us about any experiences you have had with healthcare and/or what interests you about healthcare.

(Character Limit: 4000 characters)

3. Why do you want to be a part of the Community Advisory Council (CAC)?

(Character Limit: 4000 characters)

How did you hear about this opportunity?

- Flyer
- Social Media
- Willamette Health Council Website
- PacificSource Website
- A friend
- My doctor or provider
- Other: _____

Would you be interested in learning more about opportunities to serve on the Willamette Health Council Board of Directors, Clinical Advisory Panel, or Community Impact Committee?

- Yes
- No
- Not sure

Please list two people who could tell us about what you could contribute as a member of the Community Advisory Council.

Name: _____ Relationship: _____
Phone: _____ Email: _____

Name: _____ Relationship: _____
Phone: _____ Email: _____

Please submit your application in one of the following ways:

Email to: info@willamettehealthcouncil.org

Mail to:
Willamette Health Council
P.O. Box 3759
Salem, OR 97302

For any questions, concerns, or help completing this application, please contact Sarah Smith (she/her) at 503-569-0341 ssmith@willamettehealthcouncil.org

English

You can get this letter in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 503-584-1303 or TTY 711. We accept relay calls.

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You can get help from a certified and qualified health care interpreter.

Spanish

Puede obtener este documento en otros idiomas, en letra grande, braille o en un formato que usted prefiera. También puede recibir los servicios de un intérprete. Esta ayuda es gratuita. Llame al servicio de atención al cliente 503-584-1303 o TTY 711. Aceptamos todas las llamadas de retransmisión.

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Usted puede obtener ayuda de un intérprete certificado y calificado en atención de salud.

Russian

Вы можете получить это письмо на другом языке, напечатанное крупным шрифтом, шрифтом Брайля или в предпочитаемом вами формате. Вы также можете запросить услуги переводчика. Эта помощь предоставляется бесплатно. Звоните по тел. 503-584-1303 или TTY 711. Мы принимаем звонки по линии трансляционной связи.

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Вы можете получить помощь от аккредитованного и квалифицированного медицинского переводчика.

Vietnamese

Quý vị có thể nhận tài liệu này bằng một ngôn ngữ khác, theo định dạng chữ in lớn, chữ nổi Braille hoặc một định dạng khác theo ý muốn. Quý vị cũng có thể yêu cầu được thông dịch viên hỗ trợ. Sự trợ giúp này là miễn phí. Gọi 503-584-1303 hoặc TTY (Đường dây Dành cho Người Khiếm thính hoặc Khuyết tật về Phát âm) 711. Chúng tôi chấp nhận các cuộc gọi chuyển tiếp.

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Quý vị có thể nhận được sự giúp đỡ từ một thông dịch viên có chứng nhận và đủ tiêu chuẩn chuyên về chăm sóc sức khỏe.

Arabic

يمكنكم الحصول على هذا الخطاب بلغات أخرى، أو مطبوعة بخط كبير، أو مطبوعة على طريقة برايل أو حسب الصيغة المفضلة لديكم. كما يمكنكم طلب مترجم شفهي. إن هذه المساعدة مجانية. اتصلو على 503-584-1303 أو المبرقة الكاتبة 711. نستقبل المكالمات المحولة.

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يمكنكم الحصول على المساعدة من مترجم معتمد ومؤهل في مجال الرعاية الصحية.

Somali

Waxaad heli kartaa warqadan oo ku qoran luqaddo kale, far waaweyn, farta dadka indhaha aan qabin wax ku akhriyaan ee Braille ama qaabka aad doorbidayso. Waxaad sidoo kale codsan kartaa turjubaan. Taageeradani waa lacag la'aan. Wac 503-584-1303 ama TTY 711. Waa aqbalnaa wicitaanada gudbinta.

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Waxaad caawimaad ka heli kartaa turjubaanka daryeelka caafimaadka oo xirfad leh isla markaana la aqoonsan yahay.

Simplified Chinese

您可获取本文件的其他语言版、大字版、盲文版或您偏好的格式版本。您还可要求提供口译员服务。本帮助免费。致电 503-584-1303 或 TTY 711。我们会接听所有的转接来电。

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您可以从经过认证且合格的医疗口语翻译人员那里获得帮助。

Traditional Chinese

您可獲得本信函的其他語言版本、大字版、盲文版或您偏好的格式。您也可申請口譯員。以上協助均為免費。請致電 503-584-1303 或聽障專線 711。我們接受所有傳譯電話。

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您可透過經認證的合格醫療保健口譯員取得協助。

Korean

이 서신은 다른 언어, 큰 활자, 점자 또는 선호하는 형식으로 받아보실 수 있습니다. 통역사를 요청하실 수도 있습니다. 무료 지원해 드립니다. 503-584-1303 또는 TTY 711 에 전화하십시오. 저희는 중계 전화를 받습니다.

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공인 및 자격을 갖춘 의료서비스 전문 통역사의 도움을 받으실 수 있습니다.

Hmong

Koj txais tau tsab ntawv no ua lwm yam lus, ua ntawv loj, ua lus Braille rau neeg dig muag los sis ua lwm yam uas koj nyiam. Koj kuj thov tau kom muaj ib tug neeg pab txhais lus. Txoj kev pab no yog ua pub dawb. Hu 503-584-1303 los sis TTY 711. Peb txais tej kev hu xov tooj rau neeg lag ntseg.

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Koj yuav tau kev pab los ntawm ib tug kws txawj txhais lus rau tib neeg mob.

Marshallese

Kwomaroñ bōk leta in ilo kajin ko jet, kōn jeje ikkillep, ilo braille ak bar juon wāwein eo emmanlok ippam. Kwomaroñ kajjitōk bwe juon ri ukōt en jipañ eok. Ejjeļok wōñāñ jipañ in. Kaaltok 503-584-1303 ak TTY 711. Kwomaroñ kaaltok in relay.

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Kwomaroñ bōk jipañ jān juon ri ukōt ekōmālim im keiie āinwōt ri ukōt in ājmour.

Chuukese

En mi tongeni angei ei taropwe non pwan ew fosun fenu, mese watte mak, Braille ika pwan ew format ke mwochen. En mi tongeni pwan tingor emon chon chiaku Ei aninis ese fokkun pwan kamo. Kokori 503-584-1303 ika TTY 711. Kich mi etiwa ekkewe keken relay.

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En mi tongeni kopwe angei aninis seni emon mi certified ika qualified ren chon chiaku ren health care.

Tagalog

Makukuha mo ang liham na ito sa iba pang mga wika, malaking letra, Braille, o isang format na gusto mo. Maaari ka ring humingi ng tagapagsalin. Ang tulong na ito ay libre. Tawagan ang 503-584-1303 o TTY 711. Tumatangap kami ng mga relay na tawag.

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Makakakuha ka ng tulong mula sa isang sertipikado at kwalipikadong tagapagsalin ng pangangalaga sa kalusugan.

German

Sie können dieses Dokument in anderen Sprachen, in Großdruck, in Brailleschrift oder in einem von Ihnen bevorzugten Format erhalten. Sie

können auch einen Dolmetscher anfordern. Diese Hilfe ist gratis. Wenden Sie sich an 503-584-1303 oder per Schreibtelefon an 711. Wir nehmen Relaisanrufe an.

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Sie können die Hilfe eines zertifizierten und qualifizierten Dolmetschers für das Gesundheitswesen in Anspruch nehmen.

Portuguese

Esta carta está disponível em outros idiomas, letras grandes ou braile, se preferir. Também poderá solicitar serviços de interpretação. Essa ajuda é gratuita. Ligue para 503-584-1303 ou use o serviço TTY 711. Aceitamos encaminhamentos de chamadas.

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Você poderá obter a ajuda de intérpretes credenciados e qualificados na área de saúde.

Japanese

この書類は、他の言語に翻訳されたもの、拡大文字版、点字版、その他ご希望の様式で入手可能です。また、通訳を依頼することも可能です。本サービスは無料でご利用いただけます。503-584-1303 または TTY 711 までお電話ください。電話リレーサービスでも構いません。

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認定または有資格の医療通訳者から支援を受けられます。