



Community Advisory Council Membership Application

The Community Advisory Council (CAC) is a committee of the Willamette Health Council (WHC). The WHC governs the PacificSource Marion-Polk Coordinated Care Organization (CCO). The CCO coordinates Oregon Health Plan (OHP) Medicaid benefits. The CAC helps the CCO respond to the needs of OHP members in Marion and Polk counties.

Why would I want to serve on the CAC?

When you serve on the CAC, you help make your community better by sharing your point of view and providing advice to the WHC. You will have a chance to advocate for solutions 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 provided by the OHP.
- Share your experiences getting health care.
- Suggest ways to improve health care services in Marion & Polk counties.
- Oversee the Community Health Assessment and Community Health Improvement Plan processes.
- Provide direction and guidance to the WHC about investments in programs and services that may improve 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) 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 2-hour CAC meeting you attend.
- If you need help with transportation, we may help you coordinate rides.
- We can also help with language interpretation.

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 Andrea Dabler at 503-585-4935.



Community Advisory Council Membership Application

Name: _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email Address: _____

Current Employer (if applicable): _____

Job Title (if applicable): _____

Oregon Health Plan (OHP) Status:
(Check all that apply)

- I am an OHP Member
- My child or dependent is an OHP Member
- My child or dependent is a Cover All Kids Member
- I have both Medicaid (OHP) and Medicare
- I have been an OHP Member in the past
- I have never been an OHP Member

Please mark the Race you identify with:
(Check all that apply)

- Native American Alaska Native
- Asian Pacific Islander White
- African American Hispanic Other

Please mark the cultural, social and/or health groups you feel you would represent as a member of this Council. (Check all that apply)

- Latino/Latina Russian American Middle Eastern Micronesian/Pacific Islander
- Vietnamese Chinese Other Asian Other _____
- Differently Abled / Disabled LGBTQ History of Homelessness/Houselessness
- Severe & Persistent Mental Illness Chronic Disease Caregiver
- Other _____

Members of the Community Advisory Council will attend monthly meetings. Please mark the times of day that you are generally available to meet on weekdays (M-F):

- Early Morning (before 9:00 AM) Afternoons (1:00PM-5:00PM)
- Mornings (8:00AM - 11:00AM) Lunch Hour (Noon-1:00PM)

Please mark any accommodations that you would need to fully engage in the Community Advisory Council meetings:

- Help with Transportation ADA Accessibility
- Language Interpretation Food Allergies: _____
- Other: _____

Please tell us about yourself including your background, your culture and/or the point of view you would bring to the CAC.

Please tell us about your experiences with health care.

Why do you want to serve on the CAC?

Would you be interested in learning more about opportunities to serve on the Willamette Health Council Board or the Clinical Advisory Panel?

YES NO

Please list two or three 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: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Please submit your applications in one of the following ways:

Email to: info@willamettehealthcouncil.org

Mail to: Willamette Health Council
 c/o WFMC Health
 435 Lancaster Drive NE
 Salem, OR 97301