Community Advisory Committee (CAC) Member Application

Mail, fax, or email this completed form to Partnership
Partnership HealthPlan of California ATTN: Member Services – CAC Coordinator 2525 Airpark Dr, Redding, CA 96001 Email: cac@partnershiphp.org Fax to: **(707) 863-4415**

Section 1: Member Information			
Name:			
Mailing address:			
Mailing city:		**Mailing ZIP code:**	
Home address: ☐ Same as mailing address			
Home city:		**Home ZIP code:**	
County in which member lives:			
Home phone:		**Cell phone:**	
Email address:			
How should we contact you:	☐ Home phone ☐ Mail	☐ Cell phone ☐ Email	☐ Other *(please state below):* _____
Relationship to Partnership member:	☐ Member (Self) ☐ Advocate / Parent / Guardian		
Member's Partnership ID Number:			

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Check the box you identify as:	☐ White ☐ Hispanic/Latino ☐ Black/African American ☐ Filipino	☐ Native Hawaiian/Other Pacific Islander ☐ Asian ☐ American Indian/Alaska Native ☐ Other *(please state below):* _____
Check the box you identify as:	☐ Male ☐ Female ☐ Transgender Female (Male to Female) ☐ Transgender Male (Female to Male) ☐ Genderqueer	☐ Choose not to disclose ☐ Additional gender category or other *(please specify):* _____
Check the box you identify as:	☐ He/Him ☐ She/Her ☐ They/Them ☐ Ze/Zir ☐ Ze/Hir	☐ None ☐ Choose not to disclose ☐ Other *(please state below):* _____
Check the box you identify as:	☐ Straight ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Pansexual	☐ Don't know ☐ Choose not to disclose ☐ Other *(please state below):* _____
We want CAC members to join in during meetings. Do you think you will be able to do this?	☐ Yes ☐ No ☐ Unsure	
CAC meets in person four times a year. Will you be able to come to all of the meetings?	☐ Yes ☐ No ☐ Unsure	

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Section II: Member Experience			
Are you a member of any public service position, group, or committee? If yes, please list below:		**Dates served:**	
Why would you like to join Partnership's CAC? Please list any skills, abilities, or views that you could bring to CAC?			
Any other comments?			
Member Signature:		**Date:**	

Note: Partnership HealthPlan of California is committed to diversity, equity, and inclusion (DEI). This form helps us move toward our goal of making sure that CAC reflects the members we serve.