

**COMMUNITY  
ADVISORY  
COUNCIL  
APPLICATION**



The goal of the Community Advisory Council (CAC) is to inform the Eastern Oregon Coordinated Care Organization (CCO) on how to best meet the needs of people enrolled in the Oregon Health Plan, as well as the whole community. Applicants selected to be a CAC member will reflect a diversity of people, skills and backgrounds in order to best serve the members and communities of Eastern Oregon CCO.

The Community Advisory Council will help the Eastern Oregon CCO:

- Meet the health care needs of OHP enrollees and the community
- Identify and advocate for preventive care services
- Oversee the Community Health Needs Assessment
- Recommend a Community Health Improvement Plan
- Evaluate CCO services
- Help the CCO clearly communicate with OHP enrollees and others
- And more!

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

***Please check all that apply:***

I AM ENROLLED IN THE OREGON HEALTH PLAN (OHP).

I HAVE BEEN ENROLLED IN OHP.

I AM A FAMILY MEMBER OF SOMEONE ENROLLED IN OHP.

I WORK CLOSELY WITH PEOPLE ENROLLED IN THE OHP.

I RESIDE IN A COMMUNITY SERVED BY THE EASTERN OREGON CCO (Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, or Wheeler)

Please share why you would like to be a member of the Community Advisory Council of the Eastern Oregon CCO:

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What qualities or personal experiences do you have that could help the Community Advisory Council?

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Please tell us how you have been active in your community. You may list community groups, committees, organizations or other service activities.

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*If selected, I will serve on the Community Advisory Council (CAC) to the best of my ability. I will be an active Participant in the CAC meetings. If I am unable to attend the meetings, I will let the CAC co-chairs know before the meeting. Also, I understand that this completed application does not make me a member of the Community Advisory Council.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please mail or email your application to:

*EOCCO thanks you for your application. You will be informed of our decision no more than 60 days after we receive your application.*