

**Cascade Health Alliance**  
**(a subsidiary of Cascade Comprehensive Care)**

**COMMUNITY ADVISORY COUNCIL**

**APPLICATION**

The duties of the Community Advisory Council (CAC) are to assist the Cascade Health Alliance Coordinated Care Organization (CCO) in meeting its responsibility to see that the health care needs of the members of the CCO in Klamath County are being met. The Oregon Health Authority specifies that “consumer representatives must constitute a majority of the membership” of the CAC. Applicants selected to be a CAC member will be selected by a committee composed of equal numbers of county representatives and members of the governing body of the CCO. The council is to meet no less frequently than once every three months.

The duties of the council include the following:

1. Identify and advocate for preventive care practices to be utilized by the CCO
2. Oversee a community health assessment
3. Adopting a community health improvement plan to serve as a strategic population health and health care system service plan for the community served by the CCO
4. Annually publishing a report on the progress of the community health improvement plan

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

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

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

I AM A FORMER OHP ENROLLEE.

I HAVE A FAMILY MEMBER THAT IS ENROLLED IN OHP.

I WORK WITH PEOPLE ENROLLED IN THE OHP.

I RESIDE IN A ZIP CODE SERVED BY THE CASCADE HEALTH ALLIANCE CCO (all of Klamath County EXCEPT for the communities of Crescent, Gilchrist, Chemult, and LaPine ).

Please share why you would like to be a member of the Community Advisory Council of the Cascade Health Alliance 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 understand that I will be expected to participate in a majority of the CAC's meetings, which will occur no less frequently than once every three months. I acknowledge that submission of a completed application does not assure that the applicant will be a member of the Community Advisory Council.*

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

Please send your application to:

**CAC@cascadecomp.com** or 2909 Daggett Ave., Suite 200, Klamath Falls, OR 97601

*This information on this application will be used by the CAC member selection as part of the process to meet the requirements of the Oregon Health Authority for Coordinated Care Organizations*