Stanislaus County Community Health Center Board

Application Addendum for Patients

Instructions: Individuals interested in being considered for Community Health Center Board (CHCB) appointment to the Federally Qualified Health Center Look-Alike governing board are required to complete the following information.

Membership on this board, by Federal regulations, requires the majority of the members be "patients" of the clinic system and that members adequately represent the demographics of patients served in terms of race/ethnicity, gender and economic status. Incomplete applications will not be considered.

1. Have you obtained medical care from the Stanislaus County Health Services Agency within the previous 2 years? _____Yes _____ No
   a. If yes, of which clinic are you a patient? _____

2. Gender: _____ Male _____ Female _____ Decline to Report

3. Ethnicity: _____ Hispanic/Latino _____ Non-Hispanic/Latino _____ Decline to Report

4. Race (Select One): _____ Asian _____ Other Pacific Islander
   _____ Black/African American _____ American Indian
   _____ White _____ More than one race
   _____Native Hawaiian _____ Decline to Report

5. I primarily rely on the following to pay for my healthcare services:
   _____ Medi-Cal
   _____ Myself
   _____Other

For prospective "Patient" Board Members:

I agree and understand that my potential CHCB membership publicly identifies me as a patient of the Stanislaus County Health Services Agency (HSA). Any and all other health information regarding my medical care at HSA remains protected and confidential. I, therefore, accept this disclosure, and do not hold the HSA responsible for this limited disclosure.

_____ _____
Signature Date

Education (high school, college, trade school, or training)

Do you have any financial or professional interest or association related to this position? Yes_____No

If yes, please explain.

Do you earn income from the healthcare industry? Yes ___ No ___ (example: nurse)

Please list three references with telephone numbers.

	Name	Phone
1.		
2.		
3.		

Other information continued from the first page (Optional):

A resume containing other pertinent information about yourself that would be helpful to the Board members in evaluating your application is optional and may be attached.

I understand board members serve voluntary (non-paid) and meet on at least a monthly basis.

Date:_____ Signature:_____

**Please note that members of the board must annually file a Conflict of Interest form (form 700), which is a matter of public record. More information is available too at the FPPC website: www.fppc.ca.gov