



Application Addendum

STANISLAUS COUNTY/HEALTH SERVICES AGENCY COMMUNITY HEALTH CENTER BOARD (CHCB)

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 "Users" of the clinic system and that collectively, 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 Stanislaus County Health Services Agency within the previous 2 years? _____ Yes _____ No

If yes, at what clinic are you a patient. _____

2. Gender _____ Male _____ Female

3. Race/Ethnicity (Select one)

___ White

___ Black/African American

___ American Indian & Alaska Native

___ Hispanic or Latino

___ Asian/Pacific Islander

For prospective "User" 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

8/2/10

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