

MEMBER ADVISORY COMMITTEE
APPLICATION
Term Year 2013–15

Instructions: Please answer all questions. You may write or type your answers. If you have any questions regarding the application, call Becki Melli at 714-246-8635.

Name: _____ Work Telephone: _____
Address: _____ Home Telephone: _____
City, State, ZIP: _____ Fax Number: _____
Cell Number: _____ Email: _____
Date: _____

Please submit my application for the following Member Advisory Committee (MAC) seat:

- Family Support**
 - Medi-Cal Beneficiaries**
 - Persons with Disabilities**
 - Recipients of CalWORKs**
 - Seniors**
- Adult Beneficiaries**

Current position (e.g. title, student, volunteer, retired, etc.):

What is your direct or indirect experience working with the CalOptima population you wish to represent on the MAC? Include any relevant community experience. Please attach a separate document if you need more space.

What is your understanding of and familiarity with the diverse cultural and/or special needs populations in Orange County? Please attach a separate document if you need more space.



What is your current understanding of managed care systems and/or CalOptima?

Please explain why you wish to serve on CalOptima's MAC and describe why you would be a qualified representative, including your knowledge of or experience working with the CalOptima members that you wish to represent. Please attach a separate document if you need more space.

Do you speak any of CalOptima's threshold languages besides English (Spanish, Vietnamese, Farsi, Korean?)

If selected, are you able to commit to a bimonthly MAC meeting as well as serve on at least one subcommittee? Yes No



References (professional, community, personal):

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

City, State, ZIP: _____

City, State, ZIP: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Submit this form along with a **biography or resume** to:
CalOptima, 505 City Parkway West, Orange, CA 92868,
Attn: Becki Melli
714-246-8635 Fax: 714-481-6469 Email: bmelli@caloptima.org

Application must be received by April 12, 2013