

Health Care for the Homeless Network

401 Fifth Avenue, Suite 1000
Seattle, WA 98104

206-263-8422 Fax 206-296-0184

TTY Relay: 711

www.kingcounty.gov/health

Health Care for the Homeless Network (HCHN)
GOVERNANCE COUNCIL MEMBERSHIP APPLICATION
(Consumer Representatives)

The Council wishes to make it as easy as possible for you to apply for membership. We will be glad to help you fill out the application form and to answer any questions you may have about what it would be like to serve on the Council. Please call us. As there are only a limited number of seats on the Council, not every person who fills out an application form will be asked to serve on the Council.

Contact Persons:	Rekha Ravindran
Phone:	(206) 263-6975
Fax:	(206) 205-6236
Address:	401 5th Ave, Suite 1000, Seattle, WA 98104

Note: This information will be shared only with Public Health – Seattle & King County staff and the HCHN Planning Council, which is providing the Public Health Department with guidance re: governing council membership. We will not release any of this information to other parties. Your information will help determine whether your interests are a good match for the Council at this time. We will not release any of this information to other parties.

Name _____

Address _____

E-Mail _____

Phone/Pager _____

How can you best be reached during daytime, weekday hours? (By phone? Mail? E-mail?)

Please tell us a little about your experience with homelessness and your experiences with the health care system (all information will be held confidential).

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In your opinion, what are the biggest problems that homeless people face in getting access to health care that they need or want? Are there particular issues that concern you (for example, challenges with accessing primary medical care, dental care, mental health, substance abuse treatment, and care for a chronic disease, insurance coverage, etc.)

How did you hear about Health Care for the Homeless Network?

To what extent have you used Health Care for the Homeless services (such as a nurse in a shelter or day center, an outreach worker, or a doctor or dentist at a clinic that serves people living homeless)?

We value all of your experiences. What other strengths, interests, and experiences can you share with the Council?

What is your race/ethnicity? What is your gender identity? What are your preferred pronouns?
(Note: if you are selected as a member, we must report your race, along with the race of all other members, in our federal grant applications).

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**Health Care for the Homeless Network
Governance Council**

Rights and Expectations

I understand that as a HCHN Council member I have the following rights:

- a. To be treated with respect and courtesy.
- b. To have my ideas and feedback incorporated into the work and recommendations made by the council.
- c. To learn about the programs, services, and goals of HCHN, and to be provided with any necessary background information I need about HCHN.
- d. To have a contact person at HCHN I can call to ask questions and get information.
- e. To have access to HCHN staff support if barriers arise to my participation.
- f. To receive an incentive for each monthly Council meeting I attend. (consumer reps)

As a member of the HCHN Council I acknowledge the following expectations:

- a. To attend monthly council meetings and call ahead if I am unable to make it.
- b. To help HCHN better identify the health needs of people who are currently or recently homeless.
- c. To assist HCHN in developing programs and policies that address these needs.
- d. To actively engage in HCHN program oversight per the Council bylaws, including reviewing the annual project budget, engaging in long-term strategic planning, and evaluating program activities.
- e. To attempt to reflect the needs of people who are homeless rather than only my own issues.
- f. To participate in periodic forums, focus groups, or other outreach efforts (when I am available) to help HCHN gather the opinions of people who are currently or recently homeless.
- g. To participate at meetings in an appropriate manner (respectful, maintain sobriety or only use prescribed or available substances that would successfully benefit meeting participation, etc)
- h. To contact HCHN if I no longer wish or am able to be on the council.

Please check:

I acknowledge these "Rights and Expectations."

Signature of Applicant

Date

Please note that as there are only a limited number of seats on the Council, not every person who fills out an application form will be asked to serve on the Council. If you have questions, feel free to call or email at any time.

Thank you for your application!