STATEMENT OF INTEREST FOR APPOINTMENT TO THE SACRAMENTO COUNTY HEALTH AUTHORITY

PLEASE PRINT OR TYPE

Name: First		Last	
Home Address:	Street	City	Zip Code
Work Address:	Street	City	Zip Code

PLEASE NOTE THAT HEALTH AUTHORITY MEMBERS MUST LIVE AND/OR WORK IN SACRAMENTO COUNTY.

Are you a resident of Sacramento County: Yes No If No, County of residence: _____

Supervisorial District in which you live (or work, if you live outside the county): _____
To find your District, contact the County Clerk's office at 874-5411 or search online at http://www.saccounty.net/SupervisorLookUp/Pages/default.aspx

Home phone number:	**Work phone number:**	**Cell phone number:**

E-mail address(es):

Seat of Interest (nominating body indicated as applicable):

☐ Advocate for Medi-Cal beneficiaries (BOS) → Advocate for behavioral health services? ☐ Yes ☐ No
☐ Medi-Cal beneficiary/member (BOS) → Approximately how long have you been a Medi-Cal member?_____ years
☐ Nonprofit community health center (CVHN) ☐ Behavioral health services provider
☐ Physician (SSVMS) ☐ Hospital system (HCNCC)
☐ Individual (Stakeholder advisory committee on oral health and dental services)
☐ Medi-Cal managed care plan (DHS) ☐ Independent physician practice association (DHS)

Which, if any, of the following populations do you identify with?

- ☐ African American/Black
- ☐ Asian American
- ☐ Pacific Islander/Native Hawaiian
- ☐ White
- ☐ Latinx
- ☐ Tribal nations/indigenous communities
- ☐ LGBTQIA2S+
- ☐ Youth
- ☐ Rural resident
- ☐ Parent/guardian/family of a child with special health care needs
- ☐ Seniors and family, caregivers
- ☐ Individuals with physical and or/ intellectual disabilities
- ☐ Behavioral health consumers/family members
- ☐ Formerly incarcerated individuals
- ☐ Refugees
- ☐ Individuals experiencing homelessness
- ☐ Other: _____

STATEMENT OF INTEREST FOR APPOINTMENT TO THE SACRAMENTO COUNTY HEALTH AUTHORITY

Please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the County of Sacramento:

In addition to the following questions, you may attach a resume and a cover letter (up to 2 additional pages) containing relevant information regarding your experience working to improve the quality, cost, and/or access to Medi-Cal services, and reducing health disparities.

Education and Employment Experience:

Community Experience, Affiliations & Awards, County Boards/Commissions/Committees on which you have served, or other relevant experience:

What goal(s) do you have in serving on the Health Authority:

How did you learn about the Sacramento County Health Authority?

Do you or any member of your immediate family work for the County of Sacramento? ☐ Yes ☐ No

Do you hold a position that might conflict with your duties for the Health Authority and ability to make impartial recommendations? ☐ Yes ☐ No

If Yes, please explain:

STATEMENT OF INTEREST FOR APPOINTMENT TO THE SACRAMENTO COUNTY HEALTH AUTHORITY

Do you foresee any potential barriers to participating in Health Authority meetings? ☐ Yes ☐ No

If Yes, please explain:

Are you able and willing to follow the Conflict of Interest provisions in Title 2 of the Sacramento County Code, Section 2.136.040? ☐ Yes ☐ No

If No, please explain:

References: Please list three references with telephone numbers.

Name	Organization	Relationship	Telephone Number
1.			
2.			
3.			

DATE: _____ SIGNATURE: _____

(Manually sign or type your complete name. By typing your complete name, you are hereby consenting to use of electronic signature.)

Send completed form to SCHA at SCHA@saccounty.gov.

Appointees to the Health Authority will be required to complete and file a Statement of Economic Interests (Form 700) and complete the AB 1234 Ethics Training.