COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING APPLICATION

For Stakeholder Groups

The mission of the Department of Health Care Policy and Financing is to improve access to cost-effective, quality health care services for Coloradans.

FOR WHICH GROUP ARE YOU APPLYING? **Mental Health Advisory Committee** **Membership category:**			
Name (Last, First, Middle)	Home Address		County
City, ST, Zip Code	Home Phone ( )	Business Phone ( )	E-mail Address

Please provide a brief overview of your qualifications and/or an explanation as to why you would like to serve on this group.

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Area(s) of special interest? (Please check all that apply.)				
	Children's Services	☐	Rural/Non Urban	☐
	Client	☐	Developmental Disability	☐
	Community Based Service Provider	☐	Advocate	☐
	Elderly	☐	Eligibility Determination	☐
	Disability Community	☐	Medical Services Provider	☐
	Mental Health	☐	Other (describe)	☐
	Policy/Delivery System	☐		

Demographic Information: A response to the following is optional, but is encouraged. The information will be used to ensure groups are staffed with equal representation from all demographic areas.

Present Employer/Occupation		Date of Birth	Level of Education Completed/	Gender M F
Registered Voter Y N	Party Affiliation Dem Rep In		Race: African Am Asian Hispanic Native Am Caucasian Other	

I certify that the facts contained in this application are true and correct to the best of my knowledge. I further understand that the Colorado Open Records Act may require that certain information contained in this application be available for inspection by the general public.

SIGNATURE ____ DATE _____________________
*Signature Required

RETURN COMPLETED FORM TO:

Community Mental Health Services Program
Colorado Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203
Fax: (303) 866-2803
e-mail: Marceil.Case@state.co.us

Reasonable accommodations will be provided upon request in order for persons with disabilities to participate as a group member. Please notify the Boards & Committees Coordinator if you require assistance with completing the application or with serving on a HCPF stakeholder group.