

Michigan Department of Health and Human Services
Home and Community-Based Services Health Equity Project
ADVISORY COMMITTEE MEMBERSHIP APPLICATION

The Michigan Department of Health and Human Services (MDHHS) will be forming advisory committees. The committees will suggest how to improve access to and use of home and community-based services through health equity. Members can talk about health equity in the Home Health, Home Help, MI Choice, MI Health Link and PACE programs. The committee will meet 4 to 6 times per year for about 2-3 hours. You may be able to attend meetings from your home. Members can get paid for some costs. This includes childcare, transportation, and respite for caregivers who need a replacement while they are at meetings.

Health equity means that you have a fair and just chance to be healthy. Health equity happens when every person can attain his or her full health potential. This means that who you are or where you live do not stop you from being healthy. Health inequities can make it harder to find health care, shorten your life, lower your quality of life, and give you higher disease, disability, and death rates. These committees will learn what causes health inequities for people who need services. You will suggest changes so that it is easier for everyone to get services.

**For help with the application process email MDHHS-HASA-HCBSHealthEquity@michigan.gov
or call (517) 241-4100**

PERSONAL INFORMATION

Name Click or tap here to enter text.			
Street Address Click or tap here to enter text.			
City Click or tap here to enter text.	County Click or tap here to enter text.	State Click or tap here to enter text.	Zip Code Click or tap here to enter text.
Telephone Click or tap here to enter text.			
E-Mail Click or tap here to enter text.			
Preferred Method of Communication <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Text			

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INTEREST IN PARTICIPATING

1. Why do you want to be an Advisory Committee member?
[Click or tap here to enter text.](#)

2. Which committee would you like to be on? (check all that apply)
 - Statewide Advisory Committee
 - Chippewa County Advisory Committee (must work or reside in Chippewa County)
 - Grand Traverse County Advisory Committee (must work or reside in Grand Traverse County)
 - Kalamazoo County Advisory Committee (must work or reside in Kalamazoo County)
 - Wayne County Advisory Committee (must work or reside in Wayne County)

3. Are you interested in leading as Chair of one of the Advisory Committees?
 Yes No

KNOWLEDGE/SKILLS/EXPERIENCE HIGHLIGHTS

1. List the qualities you have that will help the Advisory Committee achieve its goals. This can include knowledge, skills, work, education, or other life experiences.
[Click or tap here to enter text.](#)

2. Describe your experience with or knowledge of Medicaid-funded home and community-based services. Please include the names of the programs, such as Home Health, Home Help, MI Choice, MI Health Link, or PACE.
[Click or tap here to enter text.](#)

3. Describe your experience with people of different backgrounds than your own.
[Click or tap here to enter text.](#)

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COMPOSITION OF THE ADVISORY COMMITTEE

Complete all sections below that apply.

Section 1:

I am receiving or have received services from (check all that apply):

- Home Health Home Help
- MI Choice MI Health Link
- PACE

I have a family member or friend that is receiving or has received services from (check all that apply):

- Home Health Home Help
- MI Choice MI Health Link
- PACE

Please share your background (This is optional but helps us make sure the committee has members with different experiences to share).

- Race: Click or tap here to enter text.
- Ethnicity: Click or tap here to enter text.
- Gender: Click or tap here to enter text.
- I have a Disability: Yes No
- Sexual orientation: Click or tap here to enter text.
- Age: Click or tap here to enter text.

Section 2:

I represent an advocacy organization with a focus on home and community-based services.

Organization:	Click or tap here to enter text.
Population Represented:	Click or tap here to enter text.

I represent a provider with a focus on home and community-based services.

Type of Provider:	Click or tap here to enter text.
Population Represented:	Click or tap here to enter text.

I represent another type of organization/affiliation:

Specify Organization/Affiliation:	Click or tap here to enter text.
Population Represented:	Click or tap here to enter text.

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Section 3:

I live, work in, or am familiar with the communities in the following counties (check all that apply):

- Wayne Kalamazoo
 Grand Traverse Chippewa

INSTRUCTIONS FOR TURNING IN YOUR COMPLETED APPLICATION:

You may complete this application online by going here: <https://www.research.net/r/DS785B5>

Return a complete copy of this application form by email, mail, or fax to:

E-mail: MDHHS-HASA-HCBSHealthEquity@michigan.gov

Mail: HCBS Health Equity Project
 Attn: The person in charge of this effort
 Michigan Department of Health and Human Services
 PO Box 12345
 Lansing, MI 48909-7979

Fax: (517) 241-2345

If emailing or faxing this form, please put "HCBS Health Equity Advisory Committee Application" in the subject line of your email or fax.

Release of Information:

All responses and information submitted in this application may be subject to release under the Freedom of Information Act. Advisory Committee rosters and meeting minutes may include names and be available to the public. By completing and sending in this application, you agree to have your name and information shared in this manner if you are selected as a member of the Advisory Committee.