California Department of Health Care Services Nursing Facility/Acute Hospital (NF/AH) Waiver Renewal Technical Expert Workgroup - Statement of Interest

1.	Mr.
	Mrs.
	Ms
	FIRST MIDDLE LAST
2.	Address (including Zip Code):
3.	Phone number: ()
	E-mail address:
4.	Gender: Male Female
5.	Ethnicity (optional):
	☐ American Indian or Alaskan Native ☐ Asian ☐ African-American ☐ Hispanic
	☐ Pacific Islander ☐ White/Caucasian ☐ Other (Specify)
6.	☐ Individual Nomination?
	☐ Consumer
	☐ Family Member
	Provider (please identify):
	Other (please identify):
	☐ Organization or Association?
	Please identify:
	Note: If nominated by an organization or association, a letter from the Executive Director of the identified organization or association designating you, as being able to speak on its behalf, must accompany your application

to be considered for the Workgroup.

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1.	In the space below, please describe the expertise and/or experience you would bring,
	in an advisory capacity, pertaining to the provision of home and community-based
	services in California, specifically services authorized and administered through the
	Nursing Facility / Acute Hospital waiver. Mention participation on any related advisory
	bodies or waiver programs.

2. In the space below, please describe what you hope to contribute as a result of participating on the NF/AH Technical Experts Workgroup.

SIGNATURE*

DATE

Please send your completed application to:

Minnie Yang at Minnie.Yang@dhcs.ca.gov
or call (916) 445-4611.

^{*} Signature of a personal assistant is acceptable.