

1. Mr. _____
Mrs. _____
Ms. _____

FIRST MIDDLE LAST

3. Phone number: (____) _____

4. Gender: Male Female

☐ American Indian or Alaskan Native ☐ Asian ☐ African-American ☐ Hispanic

☐ Pacific Islander ☐ White/Caucasian ☐ Other (Specify) _____

☐ Consumer

☐ Family Member

☐ Provider (please identify):

☐ Other (please identify):

Please identify: _____

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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.