

**California Department of Health Care Services
Partners for Children (PFC) Pediatric Palliative Care Waiver Renewal
Technical Workgroup (TWG) - Statement of Interest**

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 PFC Pediatric Palliative Care Waiver. Mention participation on any related advisory bodies or waiver programs.

In the space below, please describe what you hope to contribute as a result of participating on the PFC Pediatric Palliative Care Waiver TWG.

SIGNATURE*

DATE

** Signature of a personal assistant is acceptable.*

Please send your completed application by Monday, August 15, 2016 to:

PFCWaiverRenewal@dhcs.ca.gov
Department of Health Care Services
Systems of Care Division
P.O. Box 997413, MS 8100
Sacramento, CA 95899-7413