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 ☐ Black ☐ Hispanic

   ☐ Pacific Islander ☐ White ☐ 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

* *Signature of a personal assistant is acceptable.*

Please send your completed application to:

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