Health Care for the Homeless Network

401 Fifth Avenue, Suite 1000 Seattle, WA 98104

206-263-8422 Fax 206-296-0184

TTY Relay: 711

www.kingcounty.gov/health



Health Care for the Homeless Network (HCHN) GOVERNANCE COUNCIL MEMBERSHIP APPLICATION

Thank you for your interest in membership for the HCHN Governance Council! The Governance Council provides consumer/community oversight and input to HCHN to ensure people who are homeless in Seattle/King County are effectively served by programs.

The Council wishes to make it as easy as possible for you to apply for membership. We will be glad to help you fill out the application form and to answer any questions you may have about what it would be like to serve on the Council. Please call/email us!

	Rekha Ravindran		(206) 263-697	75	rravindran@kingcounty.gov			
						<u> </u>		
Name								
Date of Birth Home Address								
Home	e Address							
Phon	e Number							
Emai	l Address							
How can you best be reached on weekdays during the day? (ex.								
phon	e, mail, email, etc.))						
DEMOGRAPHIC INFORMATION								
Race	/Ethnicity							
	ler Identity							
The Governance Council is committed to engaging diverse members. How will you incorporate						ie		
experiences/perspectives to best reflect the populations served by HCHN?								
**Note: if you are selected as a member, we must report your race, along with the race of all other								
members, in our federal grant applications								
SKIL	LS, AFFILIATION	S, AND EXI	PERIENCE					
Please check any area(s) of expertise you bring to the Council (please mark all that apply)								
□Community Advocacy				☐Private Sec	ctor			
□Legal Expertise/Criminal Justice				□Non-Profit	Sector			
□Government				☐Health Car	e			
☐ Homeless Advocate				Other:				
Have you received HCHN medical or dental services within the past two (2) years?								
□Yes □No								

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www.kingcounty.gov/health Do you work or reside within Seattle/King County? □Yes \square No If yes, where? ☐ City of Seattle □ North King County ☐ South King County ☐ East King County Nature of Employment (you may attach a CV/resume if applicable) Please list any special skills that you think might be relevant. Please list any other affiliations including non-profits, civic, profession, and social organizations. Are you related to any current Council member or employee of Public Health - Seattle/King County? ☐Yes, Explain: How did you hear about Health Care for the Homeless Network? Why do you want to be a member of the Governance Council? Please read the "Rights and Expectations." If you become a Council member, would you accept the responsibilities of the position as outlined in the "Rights and Expectations?" □Yes \square No

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Health Care for the Homeless Network (HCHN) Governance Council

Rights and Expectations

I understand that as a HCHN Council member I have the following rights:

- a. To be treated with respect and courtesy.
- b. To have my ideas and feedback incorporated into the work and recommendations made by the council.
- c. To learn about the programs, services, and goals of HCHN, and to be provided with any necessary background information I need about HCHN.
- d. To have a contact person at HCHN I can call to ask questions and get information.
- e. To have access to HCHN staff support if barriers arise to my participation.
- f. To receive an incentive for each monthly Council meeting I attend. (consumer reps)

As a member of the HCHN Council I acknowledge the following expectations:

- a. To attend monthly council meetings and call ahead if I am unable to make it.
- b. To help HCHN better identify the health needs of people who are currently or recently homeless.
- c. To assist HCHN in developing programs and policies that address these needs.
- d. To actively engage in HCHN program oversight per the Council bylaws, including reviewing the annual project budget, engaging in long-term strategic planning, and evaluating program activities.
- e. To attempt to reflect the needs of people who are homeless rather than only my own issues.
- f. To participate in periodic forums, focus groups, or other outreach efforts (when I am available) to help HCHN gather the opinions of people who are currently or recently homeless
- g. To participate at meetings in an appropriate manner (respectful, maintain sobriety or only use prescribed or available substances that would successfully benefit meeting participation, etc)
- To contact HCHN if I no longer wish or am able to be on the council.

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Please check: ☐ I acknowledge these "Rights and Expectations."	
Signature of Applicant	

Please note that as there are only a limited number of seats on the Council, not every person who fills out an application form will be asked to serve on the Council. If you have questions, feel free to call or email at any time.

Thank you for your application!