



APPLICATION OF INTEREST FOR POTENTIAL BOARD MEMBERS

Background Information:

Cares Community Health is a private, 501(c)(3), nonprofit community health center serving the greater Sacramento area that was recently approved as a Federally Qualified Health Center (FQHC) in May 2015. It was originally established in 1989 by the University of California, Davis Medical Center, Catholic Healthcare West-Mercy (now Dignity Health), Sutter Health, Kaiser Permanente, and the County of Sacramento as an HIV/AIDS specialty clinic to provide care and services to individuals living with HIV/AIDS. Cares Community Health is still committed to preventing and fighting HIV and serving those infected yet, in response to the growing needs of the uninsured and underinsured in the Sacramento community, we expanded our mission to serve all those in need of comprehensive primary health care regardless of their ability to pay.

Today, Cares Community Health has an operating budget of approximately \$20,000,000 (not counting its investment portfolio) and employs more than 114 employees and 24 contract staff. Cares Community Health provided more than 32,000 office visits to 4,650 primarily uninsured and underinsured residents of the Sacramento region in the last year – an increase of more than 30 percent from the preceding 12 months. Cares Community Health services include comprehensive medical, dental, and specialty care, health education and nutritional counseling, onsite pharmacy services, assistance navigating the health care system, mental health and substance abuse treatment, and benefits counseling, among other services. We are supported by local, state, and federal government support, private foundation grants, corporate sponsorships, and philanthropic donations.

Cares Community Health is located at 1500 21st Street in Downtown Sacramento. The operations within the current building are constrained; the space is fully utilized. Cares recently acquired a second building, adjacent to the 21st Street building located at 2000 O Street, partly with funds received from the CARES Foundation, a separate private non-profit foundation initially created from Cares Community Health. Our intent is to expand services and provide an additional 25 exam rooms by the end of 2017.

Board of Directors:

The organization is presently governed by a ten-person Board of Directors, the majority of whom are patients of the clinic. The Board of Directors is the principal policy-making body of the health center. Because of our FQHC status designation last year, the Board of Directors is expected to meet certain federal requirements. One such requirement is that the majority of the clinic's Board of Directors be "users" of the clinic system, namely patients, and that, collectively, the members adequately represent the demographics of patients served.

Application Instructions:

The Board of Directors and management team are interested in hearing from individuals interested in being considered for appointment to Cares Community Health's Board of Directors. If you have an interest in serving on the Cares Community Health Board of Directors, we ask that you provide the information requested below and return this form to: Debra Bouzard, Cares Community Health, 1500 21st Street, Sacramento, CA 95811 or via email at dbouzard@carescommunityhealth.org.



(1) Name: _____

(2) Address: _____

(3) Phone: _____ (4) Email: _____

(5) County of Residence: _____

County of Employment (if applicable): _____

Please list any particular strengths, background, experience, perspectives, and talents which you feel might significantly contribute to efficient administration of a community clinic such as Cares Community Health:

In lieu of answering Questions 6, 7, and 8 below, you could attach a resume or bio containing pertinent information about yourself that would be helpful to the Board of Directors in evaluating your interest in membership.

(6) Employment Experience:

(7) Organization/Community Experience (including Board/Council membership present or past, if any):



8) Education (high school, college, trade school or other training):

(9) Please list any individuals on the Board of Directors and/or employed at Cares Community Health (provider or staff member acceptable) who you know and feel could serve as a reference for you:

Provision of the following information is optional; however, such information is helpful in determining whether or not your presence on the Board of Directors would satisfy the governance requirements of an FQHC:

(10) Do you presently derive any income from the healthcare industry? YES ____ NO ____

(11) Have you obtained medical care from Cares Community Health within the past 2 years?
YES ____ NO ____

(12) Gender: _____

(13) Race – Please choose from the following: Hispanic/Latino or Non-Hispanic/Non-Latino

Ethnicity/Ethnicities – Please choose from the following: Native Hawaiian, Other Pacific Islander, Asian, Black/African American, American Indian/Alaskan Native, or White

(14) Year of Birth: _____



Statement of Interest:

I agree and understand that by providing this information, I am merely expressing an interest in potential Board membership and that this form is not binding on myself or Cares Community Health in any way. I understand that, by submitting this form, I am agreeing to be formally interviewed and vetted as an interested board candidate.

I understand that Board members serve voluntarily (non-paid). I understand that a Board term is 3 years and I believe that, at this time, I could make such a commitment. I understand the expectation that Board members will attend at least 80% of all monthly Board meetings (usually held on the third Thursday of every month from 7:30-9AM) in a calendar year and participate as a member of at least one standing Board Committee (e.g., Finance and Planning; Governance and Nominations; Communication, Advocacy, and Fund Development; or, Continuous Quality Improvement).

I further agree and understand that, if I am presently a patient of Cares Community Health, my potential Board membership publicly identifies me as a patient of Cares Community Health to members of Cares Community Health's current Board and other Cares Community Health staff who may review this form. Thus, any and all other health information regarding my medical care at Cares Community Health remains confidential and protected. I, therefore, accept this disclosure, and do not hold Cares Community Health responsible for this limited disclosure.

Signature: _____

Date: _____

(Revised 3/22/16)