



Application Addendum

STANISLAUS COUNTY/HEALTH SERVICES AGENCY
COMMUNITY HEALTH CENTER BOARD (CHCB)

Instructions: Individuals interested in being considered for Community Health Center Board (CHCB) appointment to the Federally Qualified Health Center Look-Alike governing board are required to complete the following information.

Membership on this board, by Federal regulations, requires the majority of the members be "Users" of the clinic system and that all members adequately represent the demographics of patients served in terms of race/ethnicity, gender and economic status. Incomplete applications will not be considered.

1. Have you obtained medical care from Stanislaus County Health Services Agency within the previous 2 years? _____ Yes _____ No

If yes, at what clinic are you a patient. _____

2. Gender _____ Male _____ Female

3. Race/Ethnicity (Select one)

____ White

____ Black/African American

____ American Indian & Alaska Native

____ Hispanic or Latino

____ Asian/Pacific Islander

For prospective "User" Board Members:

I agree and understand that my potential CHCB membership publicly identifies me as a patient of the Stanislaus County Health Services Agency (HSA). Any and all other health information regarding my medical care at HSA remains protected and confidential. I, therefore, accept this disclosure, and do not hold the HSA responsible for this limited disclosure.

Signature

Date