



## **Committee membership application for members, peers, youth, family members, and community stakeholders**

Would you like to serve on a Mercy Care committee? Recruitment is open! We're looking for interested members, peers, youth, family members and community stakeholders. You can choose from several different committees. Committees are listed on the last page of this application.

All committee members play an important role in guiding how we serve the community and how we provide care. You'll also help us come up with ways to improve services for members.

We're accepting applications for committees listed in the application below. Not all committees need new members right now. But we'll keep your applications on file for future openings.

### **It's easy to apply.**

Just review the list of committees and what they do. Then, fill out the application and let us know which committee you think would be a good match for you and your skills. After you're done filling out the application, email it to the Office of Individual and Family Affairs at [oifateam@mercycaresaz.org](mailto:oifateam@mercycaresaz.org).

If you're selected for a committee, we'll provide you with all the training and support you need. If you need help filling out the application, you can email [oifateam@mercycaresaz.org](mailto:oifateam@mercycaresaz.org).

### **You can mail the application to:**

Mercy Care  
ATTN: Mercy Care Committees  
4755 S. 44th Place  
Phoenix, AZ 85040



## Committee membership application for peers, youth and family members

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender : \_\_\_\_\_ AHCCCS ID: \_\_\_\_\_

Emergency contact (name and phone number): \_\_\_\_\_

Diversity matters. Tell us about your ethnic and/or cultural background:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Check all the boxes that apply to you:

- I'm an adult receiving services.
- I'm a youth/young adult receiving services.
- I'm a family member of an ADULT receiving services.
- I'm a family member of a CHILD receiving services.
- I'm a healthcare employee. List your title, organization name:

- I'm a community stakeholder and/or advocate. List your affiliation, if any.

\_\_\_\_\_  
\_\_\_\_\_

### Tribal affiliation:

- Yes (List tribe): \_\_\_\_\_
- No
- I prefer not to answer

\_\_\_\_\_  
\_\_\_\_\_

Tell us on which committee(s) you would like to serve:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you need help getting a ride to these meetings?**

Yes     No

**Do you need any other help? Tell us here.**

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Tell us about your experience and knowledge in the following areas. Tell us how it would help the committee(s) on which you'd like to serve:

**Physical and behavioral health recovery, peer and family support and/or health care advocacy:**

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**Family, youth and/or peer involvement (adult and/or children's health care system):**

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**Education, skills, certificates or other interests about which you'd like us to know:**

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**State/local health councils/boards/organizations you've been a part of in the past five years:**

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**Volunteer and/or work experience in Arizona politics, recovery services, prevention or other areas of the health care system:**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Mercy Care Committees with Peer and Family Involvement

Committee	Purpose	Frequency	Meeting Time of Day
<b>Governance</b>	Gets feedback from all other committees to evaluate contract performance. Carries out strategic direction of the board.	At a minimum, twice a year, with quarterly meetings scheduled	Morning
<b>Member Advocacy</b>	Acts as the voice of the member getting physical and/or behavioral health services. This committee talks about access to services and evaluates program needs from a member's point of view.	Monthly	Evening
<b>Cultural and Linguistically Appropriate Services/ Cultural Competency</b>	Makes sure CLAS standards are met. Sets ways to outreach to increase access of services for at-risk people.	Quarterly	Afternoon
<b>Youth Leadership Council</b>	Brings youth from various backgrounds together to talk about care issues and ways to outreach.	Monthly	Evening
<b>Foster/ Adoptive Kinship Care Workgroup</b>	Provides guidance and expertise on the needs of foster, adoptive and kinship families and group homes.	Quarterly	Morning
<b>ALTCS Member Advisory Council (Councils in both Pima and Maricopa counties)</b>	Talks about topics that focus on the long-term care program and needs from a member and family's perspective.	At a minimum, twice a year, with quarterly meetings scheduled	Morning