

## Community Assessment Panel Application

Sacramento Native American Health Center, Inc. (SNAHC) strives to provide the best healthcare for our patients, and we need your help to make it happen!

The Community Assessment Panel (CAP) consists of a group of committed health home members, caregivers, healthcare providers, partners, and community members. The CAP reviews programs, processes, and materials with the goal of improving the SNAHC patient and community experience.

CAP members will be asked to share their own opinions, knowledge, and experience about various topic areas. Some important skills of panel members include:

- ✓ The ability to communicate well and appropriately;
- ✓ Comfort working within groups of different people;
- ✓ A genuine concern and commitment to improving services and programs at SNAHC;
- ✓ A solution-focused mentality;
- ✓ The ability to maintain confidentiality of other panel members, patients, and community members; and
- ✓ Able to accurately communicate and share information about SNAHC services and programs with family, friends, and the community.

Applications are rolling, with a maximum of nine applicants able to participate at any one time. Applications are valid for the duration of the year, with re-application beginning on January 1<sup>st</sup> of each year. Each person who agrees to participate on the CAP will complete an application and sign a “Code of Conduct” agreement prior to their first meeting as official members.

Panel meetings will be held once per month, for one hour unless the usual meeting falls on an organizational holiday. Participants cannot miss more than two meetings in a row, or their spot on the panel can be filled by another interested person.

Compensation for participation will include a full lunch during the panel meeting, and a \$15 gift card of the group’s choice (Safeway, Walmart, CVS, etc.) per session attended.

If you have any questions, please contact Jeanine Gaines, Communication Manager, at [Jeanine.Gaines@snahc.org](mailto:Jeanine.Gaines@snahc.org) or 916-341-0576 x2243.

**Thank you for your interest in making SNAHC a great place to receive care!**

**Application Date:** \_\_\_\_\_

**First and last name:** \_\_\_\_\_

**Primary phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Please describe your affiliation with SNAHC (*check all that apply*):**

- Health home member       Patient       Community Member  
 Healthcare provider       Patient caregiver or family member  
 Partner agency rep       Other (please specify): \_\_\_\_\_

**How long have you been affiliated with SNAHC?**

- Less than 6 months     6-12 months     1-2 years     2-4 years     4+ years

**What services or programs have you experienced within SNAHC?**

- Medical     Behavioral Health     Dental     Community Events/Groups  
 Nutrition     Other: \_\_\_\_\_

**Why do you want to be involved on the panel?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What are your skills, experience, and interests (*Please check all that apply*):**

- Community service       Policy development       Event planning  
 Education, teaching       Non-profit experience       Administration  
 Health care       Physical activity       Curriculum  
 Fundraising       Outreach       Traditional healing  
 Community development       Public relations       Program evaluation  
 Others: \_\_\_\_\_

**Please briefly tell us anything else that you would like to share about your experience or interests, with relation to participation on the panel:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_