



**District of Columbia Medical Care Advisory Committee (MCAC)**

**Member Application Form**

**Summer 2016**

**Application Deadline:** All applications must be submitted to Ms. Trina Dutta, Special Projects Officer, at D.C. Department of Health Care Finance, 441 Fourth Street NW, 900 South, Washington, DC 20001, or via e-mail at [trina.dutta@dc.gov](mailto:trina.dutta@dc.gov), by Friday, August 26, close of business.

Name:

Organization (if applicable):

Role (if applicable):

Phone Number:

Email address:

**1. Choose one of the following to best identify yourself:**

I am a health care provider (or representative of providers).

I am a board-certified physician.  Yes  No

I am a beneficiary/beneficiary advocate and may represent the following interests:

- Medicaid beneficiary;
- Individual legally responsible for a Medicaid beneficiary;
- Family member of Medicaid beneficiaries;
- Non-governmental social service agency; and/or
- Beneficiary advocate group.

2. **In less than 1000 words, explain why you should be considered for appointment to the MCAC.** DHCF will consider the following in your response, at minimum:

- Demonstrated interest in the health care of District residents;
- Interest, willingness, and time to work in the program area of concern to the MCAC;
- Current or recent experience in the profession or group to be represented;
- Ability to explore and incorporate new and varied points of view;
- Awareness of special problems confronting those seeking help;
- Awareness of community needs for which programs can be developed and improved;
- Knowledge of how to make programs widely known in the community;
- Knowledge of how to design outreach programs for potential beneficiaries who are unaware that they are eligible for services;
- Knowledge of gaps in services;
- Knowledge of barriers to the use of services; and
- Knowledge of how to help beneficiaries become informed, knowledgeable users of services.

- 3. By signing here, you attest to the truth of statements provided in this application.** If chosen as an MCAC member, you agree to sign a conflict of interest form that discloses all material facts relating to any actual or potential conflicts of interest on occasions during your term.

Signature \_\_\_\_\_ Date