



**NEW YORK CITY
HEALTH AND HOSPITALS CORPORATION
COMMUNITY ADVISORY BOARD
MEMBERSHIP APPLICATION**

Dear Applicant:

Thank you for your interest in becoming a NYC Health and Hospitals Corporation (HHC) Community Advisory Board member. Before you complete the attached application, please take a few moments to read the following overview:

❖ **What Are Community Advisory Boards?**

In 1970, when HHC was created to operate the city's municipal hospitals, a provision in the HHC's enabling legislation mandated that Community Advisory Boards (CABs) become an integral part of the HHC framework. Since that time CAB members, consisting of the residents, patients and community workers of New York City, volunteer precious hours striving to ensure access to the best possible medical care services in their communities. These are individuals who are interested in health care or may have a history of public health advocacy. The average membership of each CAB is between 15-27 members.

❖ **What Is the Role of a Community Advisory Board Member?**

CAB members function as links between HHC facilities and their communities. They represent the views of the community in the health care facility's decision-making process and keep the community informed of HHC's goals and objectives. As advisors, CAB members provide a vital perspective on the development of facility plans and programs. CAB members serve on various committees that monitor the respective facility's patient services, planning priorities, allocation of funds, and reporting of problems. They interact with community groups, local officials and facility administration.

❖ **Who Can Become a Community Advisory Board Member?**

CAB members usually are consumers of HHC facility services or are community representatives who either live or work in HHC service area.

❖ **Who Is Ineligible to Become a Community Advisory Board Member?**

1. Employees of HHC facilities (except non-managerial employee representative) or the affiliate corporate officers, and corporate employees who hold a direct supervisory position of the CABs.
2. Persons or their spouses and those employed by a vendor in a contractual relationship with the facility or with the Corporation.
3. Community Board (CB) members of the facility CABs who are employees of the facility, the Affiliate or Corporation.
4. Members of the CAB who become employees of the facility.
5. Salaried elected officials or their representatives.

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<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First	Initial
Home Address		Borough	Zip Code
Business Name		Occupation/Title	
Business Address			
Home Telephone ()	Business Telephone ()	<input type="checkbox"/> Consumer* <input type="checkbox"/> Community Board Representative <input type="checkbox"/> Community Representative <input type="checkbox"/> Employee Representative	

New Appointments:

1. Have you ever served as a member of this or any other HHC Community Advisory Board (CAB)?

Yes No If yes, please give dates: _____

Reappointments:

2. What committee(s) did you serve on? (approximate dates): _____

3. What committee(s) did you chair? (approximate dates): _____

4. What offices have you held on the CAB? _____ When? _____

5. Is this facility the primary source of health services for you and/or your children? Yes No

6. Have you ever been convicted of a felony? Yes No

7. Are you currently employed by the New York City Health and Hospitals Corporation or its affiliates? Yes No

8. Are you or your spouse involved in a vendor or contractual relationship with HHC or one of its affiliates? Yes No

9. What do you think will be your major or general contribution to the CAB?

10. Write a short summary of your background including skills and expertise of value to the CAB: (attach resume if available)

* "A consumer shall be defined as any individual, at least 18 years of age, who (1) is not a direct or indirect provider of health care; (2) utilizes the hospital or D&TC as the primary source of health services or is the parent of a minor who uses the hospital or D&TC as the primary source of health services. A hospital or D&TC would be considered one's primary source of health care if one: uses the hospital's emergency room; uses the hospital or D&TC services more frequently than those of other hospital or health care centers; or occasionally uses the hospital or D&TC because one does not have a private physician in the area."

**CERTIFICATION CONCERNING CONFLICTS OF INTEREST AND COMPLIANCE
WITH POLICY AND GUIDELINES FROM
COMMUNITY ADVISORY BOARD MEMBERS**

I, _____, residing at _____,
am a member of, or an applicant for membership on the Community Advisory Board of
_____ (the "Facility") of the New York City Health and Hospitals
Corporation (the "Corporation" or "HHC").

I understand that the enabling act which created the Corporation requires HHC to establish Community Advisory Boards for each of its facilities to consider and advise HHC and the facilities on matters concerning the development of any plans or programs of HHC, and that the enabling act empowered HHC to establish rules and regulations with respect to the Community Advisory Boards. I also understand that it is imperative that the advice of a Community Advisory Board be free from conflicts of interests.

I hereby certify that, as a member of, or applicant for membership on a Community Advisory Board of a facility of HHC, I am bound by the provisions of the Corporation's Code of Ethics.

Moreover, I understand that the Corporation has established and adopted the "Policy and Guidelines for Community Advisory Boards", which excludes certain people from membership on a Community Advisory Board. As such, I certify that neither I nor my spouse is employed by a vendor or any organization that has a contractual relationship with the Facility, with HHC, its corporate subsidiaries, or with any of HHC's auxiliaries.

I acknowledge that I am unaware of any actual conflict of interest, nor is there an appearance of a conflict of interest, which would prevent me from performing my duties as a member of a Community Advisory Board in a fair and unbiased fashion.

Should I be unable or unwilling to attest to any of the above, I agree that I will not be permitted to apply for membership on or to continue as a member of the Community Advisory Board.

Finally, I also agree to immediately notify the Executive Director of the Facility of the Community Advisory Board of which I am a member, or applicant for membership on, of any change of circumstances affecting myself or a member of my immediate family, which might create a conflict of interest or the appearance of a conflict of interest.

NAME: _____

SIGNATURE: _____

DATE: _____

The following information is requested to ensure that CAB composition accurately reflects the demographic composition of the area the CAB will serve. You are not required to answer these questions but your cooperation is appreciated. Please answer the following:

Age: 21 or Under
 21 to 65
 65 or older

Gender: Male
 Female

Race or Ethnicity: _____

List boards, committees and organizations in which you have participated, particularly those related to health care. Give a brief description of responsibilities and offices held.

Membership in	From	To	Office Held

References (Name and Address):

1. _____
2. _____
3. _____

EMPLOYEE REPRESENTATIVE APPLICANTS ONLY

Department _____

Dates of Election/Appointment _____

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS APPLICATION MAY RESULT IN RENDERING THE APPLICANT INELIGIBLE TO SERVE AS A COMMUNITY ADVISORY BOARD MEMBER.

I, _____ state that I have read and understand all the items contained in this application; that I have supplied full and complete answers to each item therein to the best of my knowledge, that I will notify the facility in writing, in the form of a revised application form, or any change(s) to the information contained herein; and that the submitted information shall be reviewed to ensure that my eligibility for membership is in accordance with the NYC Health and Hospitals Corporation's Policy and Guidelines for Community Advisory Boards. Failure to submit a revised application to the HHC facility, within 30 days, may result in the termination of my membership.

Signature: _____ Date: _____

The New York City Health and Hospitals Corporation prohibits discrimination against all persons on the basis of race, color, sex, age, religion, national origin, marital and military status, physical and mental disability, or sexual orientation.

TO BE COMPLETED BY FACILITY STAFF ONLY

Appointment Category: _____

Appointment Date: _____ Termination Date: _____

Reappointment: Yes No