

REGION 10 PIHP BOARD MEMBER
APPLICATION FOR APPOINTMENT

Dear Interested Applicant:

Please fill out the following application to serve on the Board of Directors of the Region 10 Prepaid Inpatient Health Plan, hereinafter referred to as the PIHP Board. Applicants must reside in the catchment area: Genesee County, Lapeer County, Sanilac County or St. Clair County.

Please return the application to: (Name and Address)

If you need assistance completing the application please contact (*name & contact information*)

* PERSONAL INFORMATION (*Please print*)

Name: _____

Address (Home): _____

Telephone: (Home) _____ (Cell) _____

County of Residence: _____

E-Mail Address: _____

* PLEASE DESCRIBE WHY YOU WANT TO SERVE ON THE BOARD AND WHAT YOU BELIEVE YOU CAN CONTRIBUTE. (*Attach additional pages as necessary*)

* PLEASE PROVIDE INFORMATION IN THE FOLLOWING AREAS AS APPLICABLE.

Highest level of education: High School/GED Some College Bachelor's Degree

Graduate Degree, Explain: _____

Employment History:

Service on other Boards of Directors:

Community Involvement:

* WHICH OF THE FOLLOWING DO YOU BELIEVE YOU REPRESENT? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Self - Individual served | <input type="checkbox"/> Family member/Parent |
| <input type="checkbox"/> Severe Emotional Disturbance population | <input type="checkbox"/> Developmental Disabilities population |
| <input type="checkbox"/> Mental Illness population | <input type="checkbox"/> Veterans/Active Military population |
| <input type="checkbox"/> Substance Use Disorder population | |

* IN WHICH OF THE FOLLOWING AREAS DO YOU HAVE EXPERIENCE? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Business | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Education | <input type="checkbox"/> Military |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Minority/Multi-cultural |
| <input type="checkbox"/> Government | <input type="checkbox"/> Substance Use Disorder |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other: _____ |

* ARE YOU EMPLOYED BY ANY PROVIDER ORGANIZATION OR INDIVIDUAL SERVED?

- NO YES, Explain: _____

* SOME THINGS YOU SHOULD KNOW ABOUT THE COMMITMENT YOU ARE CONSIDERING.

The PIHP Board's primary responsibility is to manage the Medicaid Specialty Services and Supports and Substance Use Disorder services for the region that includes Genesee, Lapeer, Sanilac and St. Clair counties. It provides leadership, governance and oversight of the region. The Board is a policy setting body, the fiduciary of the Medicaid funds for the region and holds the Medicaid Specialty Services and Supports contract with the Michigan Department of Health and Human Services.

The Board will meet one (1) time per month at a location that may rotate throughout the region. You should have a reliable source of transportation in order to attend these meetings.

If you sit on the Board of Directors you will receive a per diem in the amount of \$35.00 for any day of meetings. Travel is reimbursable as well as approved conference/training attendance costs.

If you sit on the Board of Directors you will receive Board orientation materials.

I certify the above information is accurate and true.

Applicant Signature

Date