



## State of Connecticut Health Reform Initiatives

Application for Consumer or Advocate Work Group Representatives.

**We are seeking consumers or advocates with diverse experiences. Please note that any information you share may become public, particularly with regard to health conditions. You should share only that information that you are comfortable making public.**

**\* Contact Information**

|                                |   |
|--------------------------------|---|
| <b>Name</b>                    | <input type="text"/>                                |
| <b>Company (If Applicable)</b> | <input type="text"/>                                |
| <b>Address</b>                 | <input type="text"/>                                |
| <b>Address 2</b>               | <input type="text"/>                                |
| <b>City/Town</b>               | <input type="text"/>                                |
| <b>State/Province</b>          | -- select state -- <input type="button" value="v"/> |
| <b>ZIP/Postal Code</b>         | <input type="text"/>                                |
| <b>Email Address</b>           | <input type="text"/>                                |
| <b>Phone Number</b>            | <input type="text"/>                                |

**\* What does healthcare reform mean to you?**

**\* Describe an experience in which you advocated for yourself, a family member, or a community member for improved healthcare.**

**\* Describe your experience using the healthcare system, including health conditions that affect you. If you work as an advocate, please describe your experience working on behalf of others.**

\* What perspective would you bring to healthcare reform discussions and how would your participation contribute to the overall process?

\* Please describe the health coverage experience that you would bring to the workgroup process regarding public or private health. For example, Medicare, HUSKY (Medicaid), Access Health CT or commercial insurance.

\* Do you have a possible conflict of interest? By conflict of interest we mean that you, or your employer, or your immediate family members could possibly benefit from the outcome of the decision process, financially or otherwise.

\* By serving as a member of this work group, you will be expected to attend one two-hour meeting on the second Tuesday of every month. Work assignments and communication may be required between meetings. Are you able to devote the time necessary to be an active participant?

Yes

No

Describe your racial/ethnic background (optional).

American Indian or Alaskan Native

Asian/Pacific Islander

Black/African-American (not of Hispanic or Latino origin)

Hispanic or Latino

White (not of Hispanic or Latino origin)