

## Whole-Child Model Family Advisory Committee (WCM FAC) Community Application

**Instructions: Please answer all questions. You may handwrite or type your answers.  
Attach an additional page if needed.  
If you have any questions regarding the application, call 1-714-246-8635.**

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 City, State ZIP: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Date: \_\_\_\_\_ Email: \_\_\_\_\_

**Please see the eligibility criteria below:**

Two (2) to four (4) seats will represent the interests of children receiving California Children’s Services (CCS), including:

- Community-based organizations
- Consumer advocates

Half the seats will serve a one-year term and the other half will serve a two-year term.

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Current position and/or relation to a community-based organization or consumer advocate(s) (e.g., organization title, student, volunteer, etc.):

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1. Please provide a brief description of your direct or indirect experience working with the CalOptima population receiving CCS services and/or the constituency you wish to represent on the WCM FAC. Include any relevant community experience:

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2. What is your understanding of and familiarity with the diverse cultural and/or special needs of children receiving CCS services in Orange County and/or their families? Include any relevant experience working with such populations:

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3. What is your understanding of and experience with California Children's Services, managed care systems and/or CalOptima?

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4. Please explain why you wish to serve on the WCM FAC:

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5. Describe why you would be a qualified representative for service on the WCM FAC:

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6. Other than English, do you speak or read any of CalOptima's threshold languages, such as Spanish, Vietnamese, Korean, Farsi, Chinese or Arabic? If so, which one(s)?

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7. If selected, are you able to commit to attending WCM FAC meetings, as well as serving on at least one subcommittee?  Yes  No

8. Please supply two references (professional, community or personal):

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City, State ZIP: _____	City, State ZIP: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Submit with a **biography or résumé** to:

CalOptima, 505 City Parkway West, Orange, CA 92868

Attn: Becki Melli

Email: [bmelli@caloptima.org](mailto:bmelli@caloptima.org)

For questions, call 1-714-246-8635

**Applications must be received by January 19, 2018.**

**Public Records Act Notice**

**Under California law, this form, the information it contains, and any further information submitted with it, such as biographical summaries and résumés, are public records, with the exception of your address, email address, and telephone numbers, and the same information of any references provided. These documents may be presented to the Board of Directors for their consideration at a public meeting, at which time they will be published, with the contact information removed, as part of the Board Materials that are available on CalOptima's website, and even if not presented to the Board, will be available on request to members of the public.**

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**Signature**

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**Date**

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**Print Name**