



Application Form

January 1, 2021

INSTRUCTIONS

Please closely read the following:

- a.** My Care Community (MCC), an initiative made up of local community-based organizations, came together to eliminate systemic barriers that diminish a family's ability to succeed in our community. MCC's goal is to improve the quality of life, social determinants of health and associated health outcomes of our community.
- b.** Looking ahead, My Care Community will focus on creating an integrated community care coordination model utilizing a shared data platform and collaborative workflow processes. Developing this model of practice requires three core activities:
 - i. Creating agreed upon community care coordination processes and procedures, including how all partners will work together.
 - ii. Maximizing database platform use and analyzing data to produce actionable community level intervention.
 - iii. Focusing on accountability for service delivery to individuals and families and community level outcomes.
- c.** The goals of the project include enhanced efficiency in referrals, business efficiency, awareness of services, effective care coordination, performance management, and improved client outcomes.

Please complete the application form below and submit to mycarecommunity@linncounty.org.

SECTION I: ADMINISTRATIVE INFORMATION

Organization Name:		Application Date:	
Lead (Contact) <i>(list one person and his/her institution and title):</i>		Address:	
		Email:	
		Phone:	
Signature:		Date:	

SECTION II: REQUESTED INFORMATION

Please indicate your interest in being a member of MCC:

- Care Coordination
- Send/Receive Referrals
- Accept Referrals Only
- Send Referrals Only
- Extrapolate and Analyze Data
- Other: (Please Explain) _____

SECTION III: FUNDING/RESOURCE INFORMATION

Membership Level Applying For:

- MCC Non-Profit Membership (fees based on revenue)
- MCC Affiliate Membership (fees based on request)
- Community Partner Membership

Is there a request for Exception to Policy – Membership Dues: If you wish to be considered for a partial or full waiver of your annual membership dues/contribution, please complete the information below.

The criteria for deciding who will be granted a waiver are:

- The applicant must explain why a waiver is being requested.
- Waivers will only be granted on a yearly basis and will not constitute a general request for financial support.
- Waivers are at the discretion of the MCC Steering Committee.

- NO (Skip the questions below)**
- YES (If YES, please answer the questions below)**

Are you an initial startup organization?

- NO**
- YES**

Is this proposal part of a proposed or current Grant/Project?

- NO**
- YES** Grant/Project title:

Is this a time limited program request?

- NO**
- YES** Please list funding source:

Please provide a brief explanation of why you are requesting a fee waiver: