

PA Health & Wellness (PHW) is looking for Participants who want to serve as a Panel Member of our Complaint and Grievance Committee. As a Panel Member, you will be responsible for helping to resolve issues for PHW participants enrolled in the Community Health Choices Program. The meetings generally take one (1) to two (2) hours and will take place at a location near you. Panel Members will discuss Participant issues, listen to information provided by the requester of the meeting and review relevant documentation. After the review, the Panel will provide feedback to assist the Medical Director in making his/her decision.

As a Panel Member, you will receive a small stipend of \$25.00 to cover gas and parking expenses.

All interested in applying to serve as a Panel Member on PHW's Complaint and Grievance Committee should complete this form and return it to:

PA Health and Wellness
Attention: Complaint and Grievance Unit
1700 Bent Creek Blvd., Ste. 200,
Mechanicsburg, PA 17050

PLEASE PRINT OR TYPE CLEARLY:

First Name _____ MI _____ Last Name _____
Organization/Employer (if applicable) _____
Telephone (_____) _____ E-mail Address: _____
Physical Address: _____
City: _____ Zip Code: _____ County: _____

Please tell us about yourself. Please write about your background and participation in other Committees. Attach more pages if needed.

Please tell us why you want to be on this Committee. What will your background or interests offer to the Committee? Please limit your response to 1-2 paragraphs.

Are you currently a member of other Medicaid, Medicare, or advocacy committees or councils?

- No Yes - Please list:

Race/Ethnicity (Optional):

- American Indian/Alaska Native
 Asian/Pacific Islander
 Black
 Hispanic
 White

 Other

Experience with Medicaid:

- None
 Less than 1 year
 1-2 years
 3-5 years
 More than 5 years

 More than 10 years

Check Your Enrollment Category (check all that apply):

- Participant- you are currently enrolled in a Pennsylvania Health and Wellness Plan.
 Family member or legal guardian of a participant – list participant name: _____
 Community organization - list community organization here: _____
 Advocate

Can you attend daytime meetings?

- Yes- any time Yes- morning only Yes- afternoon only No

Would you need transportation, interpretation services or any special accommodations? If yes, please describe.

I certify that everything on this form is true and correct.

Signature of Applicant

Date

Completion of this form does not make someone a Committee Member. PHW will choose Panel Members based on geographic diversity and overall representation of our participants.