



DualChoice

INLAND EMPIRE HEALTH PLAN

Enrollee Advisory Committee

IEHP DUALCHOICE MEMBER APPLICATION

Thank you for your interest in serving on the Enrollee Advisory Committee (EAC) for IEHP DualChoice (HMO D-SNP). Please call us at IEHP DualChoice Member Services at 1-877-273-4347 (TTY 1-800-718-4347) if you have any questions.

Please PRINT or TYPE. Feel free to use extra sheets, if needed.

CONTACT DETAILS

Name:

Preferred Name:

IEHP DualChoice Member ID#:

Date of Birth:

Address:

Email:

Phone Number:

Have you been an IEHP DualChoice member for less than 12 months?

Yes

No

I don't know

Briefly tell us why you want to serve as a member of the EAC:

Are you getting In-Home Supportive Services (IHSS)?

Yes

No

I don't know

Are you a parent, guardian, or caregiver of a minor or dependent adult?

Yes

No

I don't know

Are you taking part in Community-Based Adult Services (CBAS)?

Yes

No

I don't know

Do you identify as a person with a disability?

Yes

No

If "Yes," please describe your disability (below):

Do you have a chronic condition(s)?

Yes

No

If "Yes," please describe your disability (below):

CENSUS: PEOPLE IN THE I.E.

Which group best describes your race? (One or more groups may be marked)

American Indian or Alaska Native Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White Some other race Declined

What is your background? (Please check one)

Hispanic or Latino Not Hispanic or Latino
Declined
Other, please name:

LANGUAGE

What is your main language?

How well do you speak English? (Please check one)

Very Well Well Not Well
Not at all Declined Not at hand

Would you like an interpreter? (Please check one)

Yes No Don't know
Declined Not at hand

LANGUAGE (continued)

What is your preferred language for your health care needs?
(Please check one)

Arabic	Armenian	Cambodian	Chinese	
English	French	Hebrew	Hmong	
Ilocano	Italian	Japanese	Korean	
Lao	Polish	Portuguese	Russian	
Samoan	Spanish	Tagalog	Thai	Turkish
Vietnamese	American Sign Language (ASL)			
Do not know	Not at hand	Declined		
Other, please name:				

In which language would it be best for you to get written
medical or health care instructions? (Please check one)

Arabic	Armenian	Cambodian	Chinese	
English	French	Hebrew	Hmong	
Ilocano	Italian	Japanese	Korean	
Lao	Polish	Portuguese	Russian	
Samoan	Spanish	Tagalog	Thai	Turkish
Vietnamese	American Sign Language (ASL)			
Do not know	Not at hand	Declined		
Other, please name:				

LANGUAGE (continued)

If you did not select English, Spanish, Chinese, or Vietnamese, please note that you can call Member Services at 1-800-440-4347, Monday-Friday, 7am-7pm, and Saturday-Sunday, 8am-5pm, for a live interpreter translation of your written materials.

For English, Spanish, Chinese, and Vietnamese readers:
Do you require written material in an alternate format?
(Please check one).

Braille (English and Spanish only)

Large Print

Electronic

Audio CD

Text to American Sign Language (ASL)

SEXUAL ORIENTATION AND GENDER IDENTITY

Sex Assigned at Birth

Female

Male

Unknown

Choose not to tell

X/some other sex

Details are not at hand

Gender Identity

Female

Male

Transgender male/trans man/female-to-male (FTM)

Transgender female/trans woman/male-to-female (MTF)

Genderqueer, neither exclusively male nor female

Added gender group or other, please name:

Choose not to tell

Details are not at hand

SEXUAL ORIENTATION AND GENDER IDENTITY (continued)

What are your pronouns?

He/Him/His

She/Her/Hers

They/Them/Theirs

Other, please specify:

Choose not to tell

Details are not at hand

Sexual Orientation

Lesbian or gay or homosexual

Straight or heterosexual

Bisexual

Pansexual

X/another sex

Something else, please name:

Choose not to tell

Details are not at hand

Have you served on a EAC type of body before?

How long have you been a IEHP DualChoice member?

Would you be able to work closely with IEHP DualChoice to offer ideas on policies and programs?

Do you see any barriers to taking part in EAC meetings?
(Your response will not affect your eligibility.)

Would you be able to serve a one-year or two-year term?

Which days/time of the week are you not able to serve in the EAC?

IEHP DualChoice (HMO D-SNP) is an HMO plan with a Medicare contract.

Enrollment in IEHP DualChoice (HMO D-SNP) depends on contract renewal.



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