

Member Advisory Committee (MAC) Application

Thank you for your interest in helping our work. All personal information on this application will be kept confidential by Magellan Complete Care of Arizona. Please fill out and send this form to winterbergh@magellanhealth.com.

Applicant Name:		
Applicant Address:		
City:	State:	Zip:
Applicant Email:		Applicant Phone Number:
Best Days and Times for Meetings (check all that apply): <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		Best Time to Contact Applicant (check all that apply): <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
Have you been a member of a Magellan committee during the past year?	Yes	No
Would you be receiving any payment for your participation in the MAC? (e.g., employer)	Yes	No
If you have been a member of a Magellan committee during the past year, please list the name of the committee:		
Please check the categories that best describe the experience you would bring to the MAC:		
<input type="checkbox"/> Adult Member receiving Behavioral Health Services <input type="checkbox"/> Adult Member receiving Physical Health Services <input type="checkbox"/> Family of Adult and/or Child Member <input type="checkbox"/> Family member of a Child with Special Health Care Needs <input type="checkbox"/> Advocate <input type="checkbox"/> Provider <input type="checkbox"/> Community Member and/or Partner <input type="checkbox"/> Youth (age 18 -25) <input type="checkbox"/> Other, please explain: _____		
Please explain why you would like to join the MAC:		

Please list three strengths and/or skills that would make you an effective MAC member:

1.

2.

3.

Please tell us what would help you have a positive MAC experience:

Please share any challenges or barriers that might get in the way of your participation:

Please tell us anything else you want us to know about your strengths, skills or experiences:

We want to make sure the MAC has a diverse group of people with different experiences and cultures. Please respond to these optional demographic questions:

Age Range:

- 18-25 years
- 35-55 years
- 55+ years

Race/Ethnicity:

- Caucasian
- Hispanic/Latin
- Black/African American
- Asian
- Native American
- Other

Communities:

- Veteran
- LGBTQ+
- Peer
- Family

Languages:

- English
- Spanish
- Dené
- Other
(Please explain):

Preferred Pronoun:

- She/Her
- He/Him
- They/Them