



'Ohana Health Plan Community Care Services Member Matters Advisory Committee Nomination Form

Date: _____

Member Name: _____

Member ID: _____ Agency Name: _____

Name of Case Manager: _____

Member Contact Information

Member Mailing Address: _____ City, State, Zip: _____

Cell Phone: _____ Work Phone (If Applicable): _____

Home Phone: _____ Email Address: _____

Preferred ways that member would like to be contacted:

Cell Phone Home Phone Work Phone Text Email

The following set of questions will determine the qualification for CCS members to participate in the CCS member matters advisory committee.

(NOTE: Case Manager to complete this section.)

1	Member is clinically stable	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Member is able to represent the opinion of others	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Member is able to function in a group setting	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Member is able to be present at most meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Member is oriented to the purpose of the meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Member agrees to be identified as a member of this committee (CCS MMAC)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Case Manager Signature

Date of Signature

‘Ohana Health Plan complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat people differently because of race, color, national origin, age, disability or sex.

‘Ohana Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

‘Ohana Health Plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact **1-888-846-4262** (TTY **711**).

If you believe that ‘Ohana Health Plan has failed to provide these services or discriminated in another way, you can file a grievance with:

‘Ohana Health Plan
Attn: Grievance Department
949 Kamokila Boulevard
Suite 350
Kapolei, HI 96707
Toll-free: **1-888-846-4262**
TDD/TTY: **711**
Fax: **1-813-865-6861**

You can file a grievance in person or by mail or fax. If you need help filing a grievance we are available to help you. Call Customer Service toll-free at **1-888-846-4262** (TTY: **711**).

You can also file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

(English) Do you need help in another language? We will get you a free interpreter. Call **1-888-846-4262** (TTY: **711**).

(Cantonese) 您需要其他語言的協助嗎？我們提供您免費的口譯服務。請致電 **1-888-846-4262** (TTY: **711**)。

(Chuukese) En mi mochen emon chon awewe/chon chiaku non pwan ew fos? Sipwe angei emon chon chiaku esapw kame. Kekkeri **1-888-846-4262** (TTY: **711**).

(French) Êske ou bezwen èd nan yon lòt lang? N ap mete yon entèprèt adispozisyon w, gratis. Rele **1-888-846-4262** (TTY: **711**).

(German) Benötigen Sie Hilfe in einer anderen Sprache? Wir stellen Ihnen kostenlos einen Dolmetscher zur Verfügung. Sie erreichen uns unter: **1-888-846-4262** (TTY: **711**).

(Hawaiian) Pono 'oe i ke kōkua ma ka 'ōlelo 'ē a'e? E loa'a iā mākou kahi unuhi 'ōlelo unuhi 'ōlelo. E kelepona iā **1-888-846-4262** (TTY: **711**).

(Ilocano) Masapulmo kadi ti tulong iti sabali a lengguahe? Ipaayandaka iti libre nga interpreter. Umawag iti **1-888-846-4262** (TTY: **711**).

(Japanese) 他の言語でのサポートが必要ですか？通訳を無料でご用意します。 **1-888-846-4262** (TTY: **711**) までお電話ください。

(Korean) 다른 언어로 도움을 받으셔야 합니까? 무료 통역사를 지원해 드립니다. **1-888-846-4262** (TTY: **711**) 번으로 연락해 주십시오.

(Mandarin) 您是否需要其他语言的帮助？我们将为您提供免费的翻译服务。请致电 **1-888-846-4262** (TTY: **711**)。

(Marshallese) Kwōj ke aikuj jibañ kin bar juon kajin? Kim naj lewaj juon riukok ejellok wonnen. Kūrluk **1-888-846-4262** (TTY: **711**).

(Samoan) O e manaomia se fesoasoani i se isi gagana? Matou te sueina se faaliliu upu e le tologiina. Vala'au le **1-888-846-4262** (TTY: **711**).

(Spanish) ¿Necesita ayuda en otro idioma? Le conseguiremos un intérprete gratuito. Llame al **1-888-846-4262** (TTY: **711**).

(Tagalog) Kailangan ba ninyo ng tulong sa ibang wika? Ikukuha namin kayo ng libreng tagasalin. Tumawag sa **1-888-846-4262** (TTY: **711**).

(Tongan) 'Oku ke fiema'u tokoni 'i ha toe lea kehe? Te mau 'omi ta'etotongi ha tokotaha fakatonulea. Tā ki he **1-888-846-4262** (TTY: **711**).

(Vietnamese) Quý vị có cần trợ giúp bằng ngôn ngữ khác không? Chúng tôi sẽ cung cấp cho quý vị một phiên dịch viên miễn phí. Hãy gọi đến số **1-888-846-4262** (TTY: **711**).

(Visayan) Nagkinahanglan ka bag tabang gikan sa laing pinulongan? Hatagan ka namo og libreng tighubad. Tawag sa **1-888-846-4262** (TTY: **711**).

'Ohana Health Plans, a plan offered by WellCare Health Insurance of Arizona, Inc.