

**INLAND EMPIRE HEALTH PLAN**

***Persons with Disabilities Workgroup***

**APPLICATION**

**Thank you for your interest** in serving on IEHP’s Persons with Disabilities Workgroup (PDW)! We strive to maintain a cross-disability workgroup so we can obtain feedback from Members with all types of disabilities (i.e., physical/mobility, cognitive, psychological, sensory). Please call us at IEHP Member Services (1-800-440-4347/ TTY (800) 718-4347) for a pre-addressed, postage-paid envelope or to complete the application over the phone.

Please PRINT or TYPE. Feel free to use additional sheets, if necessary.

Member Name:

**CONTACT INFORMATION**

IEHP Member #:

Phone Number:

**DISABILITY**

Your disability/disabilities:

**INTEREST**

Briefly explain why you want to serve as a member of the PDW:

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

I don’t know

Yes

No

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

No

Yes

I don’t know