



GIRDWOOD HEALTH CLINIC, INC.
Your Community Health Center

Prospective Board Member
Information Packet

The mission of the Girdwood Health Clinic, Inc. is to provide expanded and quality health care to the residents and visitors of the Turnagain Arm area, without regard to ability to pay, through the operation of a sustainable, non-profit community health center.

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Dear Prospective Board Member,

Thank you for your interest in joining the Girdwood Health Clinic, Inc.'s (GHCI) Board of Directors. GHCI is an important community resource which benefits from community involvement. We value diversity of perspectives and respectful discussion among our directors as we expand our horizons and continue to develop the operations of the health center to better serve our community.

The Girdwood Health Clinic is a non-profit Federally Qualified Health Center. This means the majority of our operating funds come from a grant from the Health Resources and Services Administration (HRSA). Because of this funding, the Board must adhere to the following requirements:

- The health center's governing board must consist of at least 9 and no more than 15 members.
- The majority [at least 51%] of the health center board members must be patients served by the health center. These health center patient board members must, as a group, represent the individuals who are served by the health center in terms of demographic factors, such as race, ethnicity, and gender.
- Non-patient health center board members must be representative of the community served by the health center and must be selected for their expertise in relevant subject areas, such as community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community.
- Of the non-patient health center board members, no more than one-half may derive more than 10% of their annual income from the health care industry.
- A health center board member may not be an employee of the center, or spouse or child, parent, brother or sister by blood or marriage of such an employee. The Chief Executive Officer may be a non-voting, ex-officio member of the board.

If you feel like you are a qualified candidate based on the above requirements and are interested in serving on the GHCI Board, please complete the enclosed application. You can mail or deliver it to GHCI or drop it off with any Board Member. The Board meets on the third Thursday of each month. Check the website for specific meeting times and locations.

The Board will consider your application following a member selection process. Until your membership is confirmed we encourage you to consider attending, and possibly participating in, regularly scheduled Board meetings or on one of our standing committees to gain GHCI experience.

We welcome any questions and look forward to hearing from you soon. Thank you again for your interest in serving on the Girdwood federally qualified Community Health Center's Board of Directors.

What is a Federally Qualified Health Center?

According to the Health Resources and Services Administration (HRSA), FQHCs:

- Qualify for funding under Section 330 of the Public Health Service Act (PHS).
- Qualify for enhanced reimbursement from Medicare and Medicaid*, as well as other benefits
- Serve an underserved area or population
- Offer a sliding fee scale
- Provide comprehensive services (either on-site or by arrangement with another provider), including:
 - Preventive health services
 - Dental services
 - Mental health and substance abuse services
 - Transportation services necessary for adequate patient care
 - Hospital and specialty care
 - Have an ongoing quality assurance program
 - Have a governing board of directors

Who Do We Serve?

Our HRSA designated service area included Indian, Bird, Girdwood, Whittier and Hope. We will serve patients from all areas, but our performance is only based on those that live within our designated service area.

What Services Do We Provide?

- Primary Care
- Chronic Disease Management
- Behavioral Health Therapy
- Behavioral Health Medication Management
- Cancer Screenings
- Sports, School, and DOT Physicals
- Diagnostic Labs and Imaging
- Acute Care
- Case Management Services
- Sliding Fee Discount Program
- Free Counseling for Support Services for Food, Housing, Transportation

**GIRDWOOD HEALTH CLINIC
APPLICATION/NOMINATION FOR BOARD OF DIRECTORS**

(Please print or type)

Name: _____

Mailing address: _____

Physical address: _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Occupation: _____

Current Employer: _____

Area of Expertise:

<input type="checkbox"/>	Community affairs	<input type="checkbox"/>	Local Government
<input type="checkbox"/>	Finance and banking	<input type="checkbox"/>	Legal affairs
<input type="checkbox"/>	Trade unions/other commercial and industrial concerns	<input type="checkbox"/>	Social services

Level of Education:

<input type="checkbox"/>	Some high school	<input type="checkbox"/>	High school diploma or GED
<input type="checkbox"/>	Some college	<input type="checkbox"/>	College degree—undergraduate
<input type="checkbox"/>	Some graduate school	<input type="checkbox"/>	Graduate degree
<input type="checkbox"/>	PhD or Doctorate	<input type="checkbox"/>	Other:

Ethnic Background—check all that apply:

<input type="checkbox"/>	African American	<input type="checkbox"/>	Asian
<input type="checkbox"/>	Caucasian	<input type="checkbox"/>	Hawaiian/Pacific Islander
<input type="checkbox"/>	Latino/Hispanic	<input type="checkbox"/>	Native American/Alaska Native
<input type="checkbox"/>	Other:	<input type="checkbox"/>	

In which geographic area do you live:

<input type="checkbox"/>	Girdwood	<input type="checkbox"/>	Hope
<input type="checkbox"/>	Indian	<input type="checkbox"/>	Whittier
<input type="checkbox"/>	Other: (please explain)		

10. Have you or any of your immediate family members been employed by GHCI before?
_____Yes _____No

If yes, please list name and title of family member and dates of employment:

11. Have you ever applied for employment at the Girdwood Health Clinic? If so, state when and for what position:

12. Do you have any pending legal action against the Clinic?

_____Yes _____No If Yes, please explain:

13. Are you in good financial standing with the Clinic?

_____Yes _____No If No, please explain:

Printed Name _____ Date _____

Signature _____

Please attach another page if needed; return this completed application to GHCI or any Board Member.