

HEALTH CARE FOR THE HOMELESS CLINICIANS' NETWORK
2009 STEERING COMMITTEE NOMINATION FORM

APPLICATION CHECKLIST: This Nomination Form
 Letter of approval from supervisor
 Letter of interest in position
 Current resume or c.v.
 Current Network member

ELIGIBILITY REQUIREMENTS: Candidates must be current members of the HCH Clinicians' Network who have been a member for at least one year. Candidates must be clinicians who provide hands-on care in a Health Care for the Homeless (HCH) project funded through HRSA or in a Projects for Assistance in Transition from Homelessness (PATH) program funded by the Center for Mental Health Services' Homeless Programs Branch.

(check one) HCH Project PATH Program

Person Nominated: _____
Degree(s) & Title: _____
Organization Name: _____
Mailing Address: _____
City/State/ZIP: _____
Phone/FAX: _____
E-mail Address: _____

CANDIDATE'S RACE/ETHNICITY: (check one)
 Asian or Pacific Islander African-American Hispanic or Latino
 American Indian or Alaska Native White (non-Hispanic) Mixed or Other
CANDIDATE'S GENDER: (check one) Female Male

Nominated by: _____
Address: _____
City/State/ZIP: _____
Phone: _____

NETWORK STAFF USE ONLY

Application complete Current member Region _____ Grantee

Application Deadline: March 18, 2009
Mail application to: Ms. Pat Petty
HCH Clinicians' Network | P. O. Box 60427 | Nashville, TN 37206-0427
FAX: 615 226-1656 | Questions? Call 615 226-2292