

NOMINATION FORM

Community Feedback Forum for Health & Justice

SUBMISSION INSTRUCTIONS:

Nomination forms, letters of reference, and resume (if applicable) must be submitted by email to Amy Butcher at amy.butcher@mass.gov by March 8, 2024, no later than 4:00 p.m.

Hard copy submissions will not be accepted. Electronic signatures are acceptable.

Please contact Amy Butcher at amy.butcher@mass.gov if you would like to request a reasonable accommodation, which may include obtaining the nomination form in an alternative format.

More information can be found on COMMBUYS (www.commbuys.com) by searching the Bid Solicitation field (located at the top of the webpage) for keyword “Community Feedback Forum.”

SECTION 1: ABOUT YOURSELF (All Nominees to Fill Out)

Name: [Click or tap here to enter text.](#)

Address: [Click or tap here to enter text.](#)

City, State, Zip code: [Click or tap here to enter text.](#)

E-mail: [Click or tap here to enter text.](#)

Telephone: [Click or tap here to enter text.](#)

Phone Type:

☐ Cell phone

☐ Landline

☐ VP (Video Phone)

Preferred method of communication:

☐ E-mail

☐ Mail

☐ Phone

☐ Other (please specify): [Click or tap here to enter text.](#)

Geographic Affiliation:

I live or work in and am familiar with communities in the following county/ies (Check all that apply):

☐ Barnstable

☐ Berkshire

☐ Bristol

☐ Dukes

☐ Essex

☐ Franklin

☐ Hampden

☐ Hampshire

☐ Middlesex

☐ Nantucket

☐ Norfolk

☐ Plymouth

☐ Suffolk

☐ Worcester

SECTION 2: NARRATIVE RESPONSE (All Nominees to Fill Out)

INTEREST IN PARTICIPATING: Why do you want to serve on the Community Feedback Forum? (500 words, maximum)

[Click or tap here to enter text.](#)

KNOWLEDGE/SKILLS/EXPERIENCE HIGHLIGHTS: List three qualities that you have that will help the Community Feedback Forum achieve its goals and complete its work. These qualities can include knowledge, skills, work, education, or other lived experience. (300 words, maximum)

[Click or tap here to enter text.](#)

JUSTICE SYSTEM EXPERIENCE: Describe your experience with the justice system or working with individuals involved in the justice system. If applicable, please elaborate on any experiences with reentry back into the community, medical and behavioral health care in the justice system, and MassHealth. (300 words, maximum)

[Click or tap here to enter text.](#)

DIVERSITY EXPERIENCE: Describe your experience with people with disabilities or with people of different social, racial, and cultural backgrounds, including deaf and LGBTQ communities, or any experience that shows a commitment to diversity. (500 words, maximum)

[Click or tap here to enter text.](#)

SECTION 3: LIVED EXPERIENCE

Justice System Experience:

Please check all of the following that apply to you:

- ☐ I have been incarcerated in a Massachusetts Department of Corrections facility.
- ☐ I have been incarcerated in a Massachusetts County Correctional facility.
- ☐ I have been incarcerated in a Massachusetts Department of Youth Services facility.
- ☐ I was released from incarceration within the past 10 years.
- ☐ I am a family member or guardian of someone who has been incarcerated in a Massachusetts Department of Corrections facility.
- ☐ I am a family member or guardian of someone who has been incarcerated in a Massachusetts County Correctional facility.
- ☐ I am a family member or guardian of someone who has been incarcerated in a Massachusetts Department of Youth Services facility.
- ☐ I am a family member or guardian of someone who was released from incarceration in Massachusetts within the past 10 years.

MassHealth Membership:

Please check all of the following that apply to you:

- ☐ I was a MassHealth member at the time my incarceration began.
- ☐ I became a MassHealth member following my reentry into the community.
- ☐ I am a family member or guardian of an individual who was a MassHealth member at the time their incarceration began.
- ☐ I am a family member or guardian of an individual who became a MassHealth member following their reentry into the community.

SECTION 4: LETTER OF REFERENCE (1-2 pages total) (All Nominees)

Attach one letter of reference from an individual, business or organization that can support your candidacy for this role. If you completed section 5 below and are applying to serve as an individual that represents an organization, association, or union, include a letter of reference from that entity.

SECTION 5: ORGANIZATION REPRESENTATIVE *(Please complete this section only if you are applying to serve as a representative of an organization.)*

A resume is **required** for all individuals applying on behalf of an organization.

Organization you are representing: [Click or tap here to enter text.](#)

Role: [Click or tap here to enter text.](#)

☐ I hold a clinical or professional licensure(s) recognized by Massachusetts.

Please specify your licensure: [Click or tap here to enter text.](#)

I represent the following type of organization (please check all that apply):

- ☐ Medical
- ☐ Behavioral Health
- ☐ Long-term Services and Supports
- ☐ Community Health Center
- ☐ Advocacy Organization
- ☐ Community-Based Organization
- ☐ Legal
- ☐ Other (please specify): [Click or tap here to enter text.](#)

The organization I represent serves the following populations (please check all that apply):

- ☐ Individuals who are currently incarcerated in a Massachusetts Department of Corrections, County Correctional, or Department of Youth Services facility.
- ☐ Individuals who have been released within the past year from a Massachusetts Department of Corrections, County Correctional, or Department of Youth Services facility.
- ☐ Individuals who have been released within the past ten years from a Massachusetts Department of Corrections, County Correctional, or Department of Youth Services facility.
- ☐ Other (please specify): [Click or tap here to enter text.](#)

SECTION 6: RESUME

Attach a one-page resume that highlights your qualifications to serve on the Forum. **Please note that a resume is required for those nominees who are applying on behalf of an organization and optional for all other nominees.**

SECTION 7: PARTICIPANT COMMITMENT (All Nominees to Fill Out)

the Community Feedback Forum, as outlined in the “Notice of Opportunity to Participate in MassHealth’s Community Feedback Forum for Health and Justice.” I will notify EOHHS promptly if I am no longer able to fulfill the commitment.

- ☐ Yes
- ☐ No

SECTION 8: SUBMISSION INSTRUCTIONS

To be considered, interested individuals **MUST email a signed and complete nomination form, letter of reference, and resume (if applicable) to Amy Butcher at amy.butcher@mass.gov by March 8, 2024, at 4:00 PM.** Please put “Community Feedback Forum Nomination Form” in the subject line of your e-mail. Hard copy submissions will not be accepted. This nomination form is available online at <https://www.mass.gov/info-details/1115-masshealth-demonstration-waiver> or on COMMBUYS (www.commbuys.com) by searching the Bid Solicitation field for keyword **Community Feedback Forum**. Contact Amy Butcher at amy.butcher@mass.gov if you need this form sent to you or would like to request a reasonable accommodation, which may include obtaining the information in an alternative format.

Pursuant to 801 CMR 21.06 (6), EOHHS reserves the right, at any time prior to the execution of a contract under the Notice of Opportunity to Participate in MassHealth’s Community Feedback Forum for Health & Justice (Notice of Opportunity), and without penalty, to amend or clarify the Notice of Opportunity, or to change the requirements, scope, budget, or schedule. Pursuant to 801 CMR 21.06 (7), EOHHS reserves the right, at any time prior to the execution of a contract, and without penalty, to cancel the Notice of Opportunity and reject all applications.

Return a signed and complete copy of this nomination form (with requested accommodations, as needed) with one letter of reference by e-mail to Amy Butcher at amy.butcher@mass.gov.

Nominations are due no later than March 8, 2024, at 4:00 PM.

Public Records Notice: In submitting this nomination form, you understand that any information contained within in it, including voluntary self-identification as an individual with criminal justice involvement or a recipient of MassHealth or Medicare coverage, may be made public. All responses and information submitted in response to this nomination form are subject to the Massachusetts Public Records Law, M.G.L. c. 66, § 10, and M.G.L. c. 4, § 7, subsection 26.

Nominee’s Signature

Click or tap to enter a date.
Date