

### AHCCCS Beneficiary Advisory Council (BAC) Member Nomination Form

Beneficiary Advisory Councils (BACs) are designed to give Medicaid beneficiaries, their families, and caregivers a voice in shaping Medicaid programs, policies, and services. This innovative and critical council will provide a forum for people with lived Medicaid experience to share feedback about the various programs and work with the Arizona Health Care Cost Containment System (AHCCCS) staff on policies, decisions, and improvements that can make Medicaid work better for all Arizonans. We would love to hear from you!

Nominator's Name:	
Nominee's Full Name:	
Address:	
City, State, & County:	Zip Code:
Phone Number:	Employer (if applicable):
Date of Birth:	AHCCCS Health Plan (if applicable):
Email:	
<ul style="list-style-type: none"> <li>• Are you able to attend a BAC meeting every 3 months for 1 ½ hours? These meetings will be held virtually.</li> <li>• Is the nominee a current Medicaid member, former Medicaid member, family member of someone on Medicaid, or a Paid/Unpaid Caregiver for a family member on Medicaid?</li> <li>• What is your preferred platform to attend the meetings? (i.e. Virtual, In-person, or Hybrid)</li> <li>• If you are selected to participate in this member-only advisory council, are you willing to have your name listed publicly on the AHCCCS BAC website?</li> <li>• Is there anything else that you would like us to know about you?</li> </ul>	
<p><i>What experience or skills does the nominee (you) have that would be a benefit to the committee? Please describe any professional and/or lived experience that demonstrates your qualifications for the committee below. Feel free to attach supporting documents that you would like considered as well.</i></p>	

Please complete all fields and e-mail to:

**Email:** [DCAIRcommunityaffairs@azahcccs.gov](mailto:DCAIRcommunityaffairs@azahcccs.gov)

AHCCCS, Division of Community Engagement & Regulatory Affairs

150 N 18<sup>th</sup> Avenue, Phoenix 85007

