



2 Martin Luther King Jr. Drive SE, East Tower | Atlanta, GA 30334 | 404-656-4507 | www.dch.georgia.gov

**Georgia Department of Community Health
Beneficiary Advisory Council Application**

Purpose:

The Georgia Department of Community Health (DCH) is establishing a Beneficiary Advisory Council (BAC) to ensure that the voices of those receiving Medicaid waiver services and other long-term care supports are heard. The Council will provide input on programs and policies and help DCH better serve the needs of Georgians.

Section 1: Applicant Information

Full Name:

Date of Birth:

Address:

City: _____ **State:** GA **Zip:** _____

Phone Number:

Email Address:



Section 2: Beneficiary Status

Please check one:

- I am a Medicaid waiver program participant
- I am a family member or caregiver of a participant
- I am a legal guardian or representative of a participant
- Other (please specify): _____

Which waiver program are you connected to? (Check all that apply):

- Elderly and Disabled Waiver (CCSP or SOURCE)
- Independent Care Waiver Program (ICWP)
- New Options Waiver (NOW)
- Comprehensive Supports Waiver Program (COMP)
- Other LTC Service

Section 3: Experience and Interest

Why do you want to serve on the Beneficiary Advisory Council?

What strengths or experiences would you bring to the Council?

(Examples: advocacy, personal experience, communication skills)



Have you ever served on an advisory board or community council before?

Yes No

If yes, please describe:

Section 4: Availability

Are you able to participate in quarterly meetings (virtual or in-person)?

Yes No Maybe

Do you need any accommodations to participate fully?

Yes No

If yes, please describe:

Section 5: Signature


By signing below, I confirm that the information provided is accurate. I understand this is a volunteer role and agree to participate actively if selected.

Signature: _____

Date: _____

Submission Instructions

Please return the completed application by:


 Email: dch.advisory@dch.ga.gov

 Mail: Georgia Department of Community Health, Attention: Taesha Ward, 2 MLK Jr Drive,



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

East Tower, Floor 19th, Atlanta, Georgia 30334

 **Deadline: 6/20/2025**