**Beneficiary Advisory Council (BAC) Application**

**Thank you for your interest in joining the Beneficiary Advisory Council.**

We’re seeking individuals with direct or indirect experience with MaineCare to share their insights and help shape the council. By sharing your voice, you can support meaningful policy and program changes.

Please complete the form below to help us learn more about you. Questions marked with an asterisk (\*) must be answered for the application to be reviewed.  
 **Contact information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \*1. First and Last Name: |  | | | |
| \*2. Email Address: |  | | | |
| \*3. Phone Number: |  | | | |
| \*4. Date of Birth: *(MM/DD/YYYY)* |  | | | |
| \*5. Preferred Contact Method: | | Email | Phone | Other (please specify): |

**About You**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| \*6. Are you a current MaineCare member? | | | Yes | | No | |
| \*7. Have you had MaineCare coverage at any point since 2019? | | | Yes | | No | |
| \*8. Are you a family member or a family caregiver (paid or unpaid) for a MaineCare member? | | | Yes | | No | |
| \*9. Please select the type(s) of MaineCare coverage you or the person you care for have. Select all that apply. | | | | | | |
| Full MaineCare | Qualified Medicare Beneficiary (QMB) | | | | | |
| Katie Beckett | Special Benefit Waiver (HIV Waiver) | | | | | |
| Pregnancy MaineCare | Emergency Services (Emergency MaineCare) | | | | | |
| Limited Family Planning | Home and Community Based Services (HCBS) | | | | | |
| Disability MaineCare | Private Health Insurance Premium (PHIP) | | | | | |
| Not sure | | | | | | |
| \*10. Why would you like to participate in the Beneficiary Advisory Council (BAC)? | | | | | |
|  | | | | | |
| \*11. Are you willing to serve on the BAC for at least two years or more? | | Yes | | No | |
| \*12. Please describe your experience(s) with MaineCare. | | | | | |
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| \*13. Please use this space to share anything else you would like us to know. |
|  |

**Personal Questions**

Your personal experience is the only requirement for consideration. Preference will go to individuals who are not already in another MaineCare advisory group, have not worked in government, and do not represent an advocacy group, either paid or unpaid.

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| --- | --- | --- |
| 14. What county do you live in? | | |
| Androscoggin | Knox | Somerset |
| Aroostook | Lincoln | Waldo |
| Cumberland | Oxford | Washington |
| Franklin | Penobscot | York |
| Hancock | Piscataquis |  |
| Kennebec | Sagadahoc |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| \*15. Have you ever served on a MaineCare committee before? | | | | | Yes | No |
| 16. Please select your gender identity. | | | | | | |
| Female | Male | Non-binary / Other | | ☐Prefer not to answer | | |
| 17. Do you have children under 18 in your care? | | | | | | |
| Yes | No | | Other / Prefer not to answer | | | |
| 18. What is the primary language spoken in your household?  *(An interpreter will be provided if you speak another language.)* | | | | | | |
| English | Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

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| --- | --- | --- | --- | --- |
| 19. Please select the race that best represents you. | | | | |
| American Indian or Alaska Native | | | Middle Eastern or North African | |
| Asian or Asian American | | | Native Hawaiian or Pacific Islander | |
| Black or African American | | | White or Caucasian | |
| Hispanic or Latino | | | Unknown | |
| Other (please specify): |  | | | |
| ☐Prefer not to answer | | |  | |
|  | |  | | |
| 20. What is your current housing situation? | | | |
| Living in a house or apartment and named on the lease / mortgage | | | |
| Living in a house with friends/family, not named on the lease / mortgage | | | |
| Temporary emergency shelter | | | |
| Temporary transitional housing program | | | |
| Tent or vehicle | | | |
| Other or prefer not to answer | | | |

|  |  |
| --- | --- |
| 21. How did you hear about the Beneficiary Advisory Council (BAC)? | |
| Email or Newsletter | |
| Community organization | |
| Friend or Family Member | |
| Other (please specify): |  |
| Prefer not to answer | |

**What happens next?**

If you are selected as a Beneficiary Advisory Council member, we will reach out to you in the first week of March by phone, email, or mail based on your communication preference. If you have any questions about this application, you can reach out to Rachel Collamore at Consumers for Affordable Health Care at [education@mainecahc.org](mailto:education@mainecahc.org) or by calling 1-800-965-7476.

If mailing your application, please send it to:   
  
Consumers for Affordable HealthCare  
Attn: Rachel Collamore  
P.O. Box 2490  
Augusta, Maine 04338