



Public Activity Participation Request Form

Requesting Entity:	
Requesting Entity's principal office/base operations location:	
How long Requesting Entity has been operating:	
Requesting Entity's service areas:	
Description of relationship between Requesting Entity's work/event and CalOptima Health's programs, mission, vision, values and/or purpose:	
Description, background and pertinent information (e.g., members of Board of Directors) and other entities with a substantial role in event:	
List of individuals or entities supporting the event:	
Entity type:	<input type="checkbox"/> Non-Profit Org <input type="checkbox"/> For-Profit Org <input type="checkbox"/> Religious Org <input type="checkbox"/> Health Care Partner

Section I: Event Details			
Name:			
Day/Date:			
Start time:		End time:	
Location:			
City:		ZIP code:	
POC name:			
Phone #:		Fax #:	
Email:			
Type of event	<input type="checkbox"/> Opportunity to outreach to members or potential members <input type="checkbox"/> Opportunity to outreach to health care professionals, non-profit orgs or policy makers <input type="checkbox"/> Other:		
Expected # of Attendees:			

Section II: About the Attendees (check all that apply)

Primary language spoken:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____
Event for:	<input type="checkbox"/> Children <input type="checkbox"/> Persons with disabilities <input type="checkbox"/> Low-income families <input type="checkbox"/> General public <input type="checkbox"/> Low-income older adult/seniors <input type="checkbox"/> Other: _____
Event for CalOptima Health's Program:	<input type="checkbox"/> OneCare <input type="checkbox"/> PACE <input type="checkbox"/> Medi-Cal

Section III: Cost to CalOptima Health to Participate

Registration fee:	<input type="checkbox"/> No <input type="checkbox"/> Yes, amount: _____
Sponsorship request:	<input type="checkbox"/> No <input type="checkbox"/> Yes, amount: _____

Section IV: Notes/Comments

Section V: Disclosures

Requests must be submitted to the Community Relations department: Staff Participation (14) calendar days in advance; Financial Participation at or under \$25,000 (21) calendar days in advance; Financial Participation more than \$25,000 (60) calendar days in advance.

[All event materials/information must be attached.]