Join the National *Covering Kids and Families* Network

We urge you to be a part of this exciting effort to maintain the National *Covering Kids and Families* Network by simply submitting your membership form today!

What is the National *Covering Kids and Families* Network?

The National *Covering Kids and Families* Network (CKF) is an effort to sustain and build upon the strength and collective expertise of grantees from the national *CKF* initiative as well as other organizations and partners. The vision for the network is to be a national voice for high quality health and healthcare for all. The National Covering Kids and Families Network is individuals and organizations committed to advancing healthcare coverage and equal access to high quality healthcare.

The Strategic Direction of the network include(s) the following:

1. Build and sustain a network of passionate, engaged members from each state
2. Identify and capitalize on existing strengths and relationships of members
3. Capture and share information, knowledge and expertise
4. Translate "real life" perspectives, trends and opportunities to develop and advocate common policy priorities
5. Foster and nurture partnerships between key stakeholders.

How Do I Join?

To become an inaugural member, we ask that you simply complete the attached "Join the National *Covering Kids and Families* Network" membership form. Organizations and/or individuals submitting these forms during the inaugural year will not pay any dues. You will be making a commitment to participate in maintaining the national network as a founding member organization. Through your commitment, the network will strengthen and expand its efforts throughout the nation to increase access to quality healthcare coverage and services and reduce the number of uninsured children and families.

Next Steps:

1. Send in this form during the inaugural year (January 2007 to December 31, 2007) as your letter of support and endorsement of a National *Covering Kids and Families* Network.
2. Sign-up to participate and assist with the development of initial planning activities during the start up phase.
3. Help us spread the word and share membership information to your *Covering Kids and Families* partners and allies.

National *Covering Kids and Families* Network
Inaugural Membership Form

✓ **Yes**, we want to become an inaugural member of the
National *Covering Kids and Families* Network

Please Print/Type

Primary Contact Name:	Title:

Organization:		

Address:	City/State:	Zip Code:

E-mail:	Phone:	Fax:

Each organization may designate up to 3 representatives per membership. Please provide the full name and e-mail address for additional members.

Name: _____   Email: _____

Name: _____   Email: _____

Organizational Budget:	What is/has been your role in the Covering Kids and Families national initiative?	Is your State Covering Kids and Families Coalition still active?
____ Less than $100,000 ____ Less than $250,000 ____ Less than $500,000 ____ Less than $900,000 ____ Less than $1.5 ____ Less than $3M ____ More than $3M	____ Lead State Grantee ____ Local Project ____ Coalition Member ____ Other (please specify): _____	____ Yes ____ No

Identify type of organization (Check all that apply):

____ Advocacy/Policy Community   ____ Foundation/Funder   ____ Community-Based Organization
____ Government/Public Sector   ____ Education Community   ____ Provider Community
____ Faith-Based Organization   ____ Tribal Organization   ____ Employer/Business Community
____ Other (Please specify): _____

Organizational Interest (Check all that apply):

____ Children's Health Coverage   ____ Medicaid/SCHIP Programs   ____ School-based Healthcare
____ Access to Healthcare   ____ Healthcare Delivery System   ____ Quality Healthcare
____ Healthcare Coverage Expansion   ____ Other (Please specify): _____

Do you and/or your organization belong to other national networks, groups, and/or coalitions? ____ Yes ____ No

If YES, what, if any, amount do you pay in annual membership dues? (Specify amount) $_____

Of the following committees, which are you and/or your organization interested in participating in at this time? (Check all that apply):

____ Education   ____ Advocacy and Policy   ____ Membership   ____ Communications

In what ways can the network enhance your capacity as a leader for access to quality healthcare coverage and services? (Attach additional sheet if necessary):

Please submit your organizations/individuals membership form to:
National *Covering Kids and Families* Network
c/o Community Health Councils, 3731 Stocker Street, Suite 201, Los Angeles, CA 90008
Or fax to: (323) 295-9467 Or E-mail to: caroline@chc-inc.org