

# CHIP NETWORK INDIVIDUAL MEMBER AGREEMENT

## Franklin County/North Quabbin Community Health Improvement Plan

### CHIP VISION:

All residents of Franklin County and the North Quabbin Region have the opportunity to pursue healthy lifestyles and achieve social, emotional, physical, and spiritual well-being; and to participate in shaping the systems that affect their health.

### CHIP MISSION:

- ◆ Identify priority health needs
- ◆ Identify health disparities and work to reduce them
- ◆ Build on the strengths of our region
- ◆ Identify the most effective strategies for addressing priority health needs
- ◆ Reduce gaps and duplication of services
- ◆ Increase our collective ability to secure resources to improve health

### THE CHIP MEMBER AGREEMENT FOR INDIVIDUAL PEOPLE:

I commit to partnering with other members of the Franklin County/North Quabbin CHIP Network to improve the region's health by aligning priorities, sharing resources, and taking the actions necessary to further the goals outlined in the Community Health Improvement Plan.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Email \_\_\_\_\_

### I AM INTERESTED IN SUPPORTING WORK ON THE FOLLOWING HEALTH FACTORS: (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> All               | <input type="checkbox"/> Alcohol, Tobacco and Drug Use | <input type="checkbox"/> Income                    |
| <input type="checkbox"/> Access to Care    | <input type="checkbox"/> Housing and Transit           | <input type="checkbox"/> Family and Social Support |
| <input type="checkbox"/> Quality of Care   | <input type="checkbox"/> Air and Water Quality         | <input type="checkbox"/> Community Safety          |
| <input type="checkbox"/> Diet and Exercise | <input type="checkbox"/> Education                     | <input type="checkbox"/> Sexual Health             |

### MY AREAS OF EXPERTISE: (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Resident of Franklin County/North Quabbin | <input type="checkbox"/> Law enforcement/justice              | <input type="checkbox"/> Scientist   |
| <input type="checkbox"/> Parent                                    | <input type="checkbox"/> Non-profit Sector                    | <input type="checkbox"/> Business Owner or Employee                              |
| <input type="checkbox"/> Youth/Young adult                         | <input type="checkbox"/> Non-profit Worker                    | <input type="checkbox"/> Elected Official (state/local)                          |
| <input type="checkbox"/> Coach                                     | <input type="checkbox"/> Faith-Based Community Representative | <input type="checkbox"/> Member of a Civic, Cultural, or Historical Organization |
| <input type="checkbox"/> Hospital/Health Care Worker               | <input type="checkbox"/> Cultural/Historical                  | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Social Service Worker                     | <input type="checkbox"/> Employment/Training professional     |  |
| <input type="checkbox"/> Teacher/Professor                         |   |  |

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Franklin County/North Quabbin Community Health Improvement Plan

## CHIP NETWORK PARTICIPATION (select all that apply)

### Basic Membership Level:

- ☐ I will stay informed on the health needs of our region and the priorities of the CHIP to address them.
- ☐ I will attend CHIP meetings and bring CHIP priorities back to the organizations and groups of which I am a part.
- ☐ I will promote the activities of the CHIP Network in my work and personal life, as appropriate.
- ☐ I will share information or data on the health and needs of the people I know/ work with.

### Additional Ways to Participate:

- ☐ I am interested in serving on one of the CHIP Committees or Working Groups and will make time to attend them.
- ☐ I sit on the following group/committee \_\_\_\_\_  
and can bring information back and forth from the CHIP to this group.
- ☐ I facilitate the following group/network: \_\_\_\_\_  
which will include CHIP priority updates at least 2 times per year on its agenda.
- ☐ I facilitate the following group/network: \_\_\_\_\_  
which will serve as the CHIP Working Group on: \_\_\_\_\_



Please send this completed form to: [walker@frcog.org](mailto:walker@frcog.org) or fax to 413-774-3169.

Or Mail to: Phoebe Walker, FRCOG, 12 Olive Street, Suite 2, Greenfield, MA 01301

For more information— [www.frcog.org/chip](http://www.frcog.org/chip)

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