



Community Outreach Network *Interest Form*

The *Community Outreach Network* is comprised of local organizations and stakeholders who will partner with Covered California™ to raise public awareness about the new insurance marketplace. Participation is not compensated.

Interested in participating in the Community Outreach Network?

1. **Fill out** the information below.
2. **Print** and **Scan** this completed form.
3. **Email** this completed form to: CommunityOutreachNetwork@covered.ca.gov.
We will contact you soon on the next steps.

Name of Organization

Address

Organization Website

Contact Person

Title

Phone Number

Email Address

Briefly describe your organization.

What is the population you currently serve?

Age Group: _____ Health Insurance Coverage Status: _____

Ethnicity: _____ Language: _____

What % of your population has incomes between 139% - 400% Federal Poverty Level limits? _____
For example: An individual making up to \$44,680 and a family of four earning up to \$92,200.

How would your organization like to partner with Covered California? (Check all that apply)

- Link our organization's website to Covered California's website
- Send email messages to our organization's constituents
- Write and print articles about Covered California in our organization's publications
- Give presentations to our organization's constituents
- Other: _____

Thank you for considering partnership with Covered California!

Follow Us:



Please visit our website for more information:

www.CoveredCA.com

or call 888-975-1142

Questions? Email us at CommunityOutreachNetwork@covered.ca.gov