# Health Care for the Homeless Co-Applicant Board Board Application

*The Health Care for the Homeless (HCH) Co-Applicant Board serves as the patient/community-based governing board to set health center policy for the Healthcare for the Homeless Program on behalf of the Pinellas County Board of County Commissioners. As a public center, the HCH Co-Applicant Board includes a representative majority of consumer/patient representatives, meets monthly and fulfills all the required authorities of a governing board. The purpose of the co-applicant arrangement is for the co-applicant board to oversee the implementation of the Section 330 grant and the operation of the Healthcare for the Homeless Program via the Bayside Health Clinic or Mobile Medical Unit operated by the Pinellas County Human Services Department in accordance with the terms of this Agreement and the Bylaws as adopted by the BCC and HCH Co-Applicant Board.*

## Board Member Expectations

I recognize the important responsibility I am undertaking in serving as a member of the Co-Applicant Board for the Pinellas County's Health Care for the Homeless Program, and hereby pledge to carry out in a trustworthy and diligent manner the duties and obligations in my role as a board member.

**My Role:** I acknowledge that my primary roles as a board member are (1) to contribute to defining the organization's mission and governing the fulfillment of that mission, and (2) to carry out the functions of the office of Board Member and/or Officer as stated in the bylaws.
My role as a board member will focus on the development of policies that govern the implementation of institutional plans and purposes. This role is separate and distinct from the role of the Project Director, who determines the means of implementation.

**My Commitment:** I will exercise the duties and responsibilities of this office with integrity, collegiality, and care.

**Pledge: (check all that apply)**

- ☐ To establish as a high priority, my attendance at all meetings of the board and committees on which I serve.
- ☐ To be prepared to discuss the issues and business addressed at scheduled meetings, having read the agenda and all background material relevant to the topics at hand.
- ☐ To work with and respect the opinions of my peers who serve this board and to leave my personal prejudices out of all board discussions.
- ☐ To always act for the good of the community.
- ☐ To represent this organization in a positive and supportive manner at all times and in all places.
- ☐ To observe the parliamentary procedures and display courteous conduct in all board and committee meetings.
- ☐ To refrain from intruding on administrative issues that are the responsibility of the organization's management team, except to monitor the results and prohibit methods that conflict with board policy.
- ☐ To avoid conflicts of interest between my position as a board member and my personal life. If such a conflict does arise, I will declare that conflict before the board and refrain from voting on matters in which I have a conflict.
- ☐ To support in a positive manner all actions taken by the Board of Directors even when I am in a minority position on such actions.
- ☐ To agree to serve on at least one committee or task force, and participate in the accomplishment of its objectives. If I chair the board, a committee, or a task force, I will:
  - Call meetings as necessary until objectives are met.
  - Conduct the meetings in an orderly, fair, open and efficient manner.
  - Make committee progress reports/minutes to the board at its scheduled meetings, using the adopted format.
- ☐ To participate in:
  - The annual strategic planning retreat.
  - Board self-evaluation programs.
  - Board development workshops, seminars, and other educational events that enhance my skills as a board member.

If, for any reason, I find myself unable to carry out the above duties as best as I can, I agree to resign my position as a board member/officer.

Carolyn Keough Digitally signed by Carolyn Keough Date: 2021.06.08 14:48:48 -04'00'

Signature

06/08/2021

Date

| PERSONAL INFORMATION | | | |
|---|---|---|---|
| ❑ MR. ■ MRS. ❑ MS. ❑ DR. ❑ OTHER: | | | |
| FIRST NAME Carolyn | | LAST NAME Keough | |
| GENDER IDENTITY: ❑ MALE ■ FEMALE | | | |
| DATE OF BIRTH: | 06/17/1967 | | |
| HOME ADDRESS | | BUSINESS ADDRESS | |
| STREET: | 8954 Antigua Drive | STREET: | 6655 66th Street N |
| | | | |
| CITY: | Seminole | CITY: | Pinellas Park |
| STATE: | FL | STATE: | FL |
| ZIP: | 33777 | ZIP: | 33781 |
| HOME PHONE: | 727-421-8551 | OFFICE PHONE: | 727-422-0352 |
| CELL PHONE: | 727-421-8551 | FAX: | 727-538-7229 |
| EMAIL: | carolyn.keough67@gmail.com | EMAIL: | ckeough@operpar.org |

| SKILLS, AFFILIATIONS & EXPERIENCE | | |
|---|---|---|
| **Please check any area(s) of expertise you bring to the Board ( ✓all that apply)** | | |
| ■ Health Care | ❑ Financial/Banking | ❑ Social Services |
| ❑ Judicial | ❑ Law Enforcement | ❑ Legislative |
| ❑ Legal | ❑ Education | ❑ Business/Corporate |
| ❑ Public Relations | ❑ Insurance | ❑ Government |
| **Please check any area(s) of expertise you bring to the Board ( ✓all that apply)** | | |
| **ETHNIC/RACIAL BACKGROUND** | | |
| ❑ African-American | ❑ Asian/Pacific Islander | |
| ■ Caucasian | ❑ Hispanic/Latino | |
| ❑ Multi-Racial | ❑ Native American | |
| ❑ Other: | | |

1. **Have you received medical or dental services at one of our facilities (MMU or Bayside Health Clinic) within the past two (2) years?**

   ❑ **Yes** ■ **No**

2. **Do you work or reside within Pinellas County?**

   ■ **Yes** ❑ **No**

3. **Nature of employment** *(you may attach a CV/resume, if applicable)***:**

   VP of Medical Services for Operation PAR - integration of medical and mental health services into our existing substance use programs

4. **Please list any special skills that you think might be relevant.**

   I am a registered nurse with 9 years of experience working in the substance use treatment field. For the past 5 years, I have worked with many homeless individuals via our Detox program, connecting them with housing and the Pinellas County Blue Card so that they can obtain medical and mental health services. I also worked on a grant with the PCSO to engage Marchman individuals into substance use treatment via our Detox program.

**5. Please list any other affiliations including non-profits, civic, profession, and social organizations.**

I am a member of the American Nurses Association.

**6. Are you related to any current Board member or employee of Pinellas County?**

☐ **No** ☐ **Yes, Explain:**

**7. Why do you want to be a member of the Co-Applicant Board?**

I would like to make an impact in my community to improve access to healthcare and identify healthcare needs within the community for our homeless residents and others who cannot afford health insurance.

**8. Any additional information you would like to share with the board?**

I am currently enrolled in Walden University seeking my PMHNP degree. I strive to expand my knowledge and experience in the area of MH and SUD treatment to remain current with evidence-based approaches while delivering high-quality, effective services to individuals in need.

**9. Please read the Board Expectations (page 2). If you become a Co-Applicant Board member, would you accept the responsibilities of the position as outlined in the Board Expectations?**

☐ **Yes** ☐ **No**

**PUBLIC DISCLOSURE**

The information you provide is voluntary and will only be used for the purpose of determining an appropriate fit for membership on the Co-Applicant Board for the Pinellas County Health Care for the Homeless Program. The information will be shared with members of the Health Care for the Homeless Co-Applicant Board and the Board of County Commissioners. As a public entity, the information you provide is subject to public records law. Statistical and demographic data will be used only in aggregate form for reports required by the Federal Government.

**Signature of Applicant :** Carolyn Keough Digitally signed by Carolyn Keough Date: 2021.06.08 15:32:16 -04'00' **Date:** _____

| FOR OFFICIAL USE ONLY | |
|---|---|
| **HCH CO-APPLICANT BOARD** | **BOARD OF COUNTY COMMISSIONERS** |
| This applicant has been:<br>☐ Approved<br>☐ Not Approved | This applicant has been:<br>☐ Approved<br>☐ Not Approved |
| By a majority vote by the Co-Applicant Board at a scheduled meeting held on: _____/_____/_____ | By a majority vote by the Co-Applicant Board at a scheduled meeting held on: _____/_____/_____ |
| **Signed:** _____<br>**Board Chair, HCH Co-Applicant Board** | As recorded in the Minutes of the Board of County Commission by the Clerk of the Court. No wet signature required. |