



# COUNTY OF YOLO

## Health and Human Services Agency COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) MEMBERSHIP AGREEMENT

The Community Health Improvement Plan (CHIP) is state Vision, Mission, Values

### Primary Goals and Objectives

- Goal 1
- Goal 2

### Functions and Responsibilities

- Function 1:
- Function 2:
- Responsibility 1:
- Responsibility 2:

### Committee Composition/Membership

- CHIP Committee Structure and Composition

### Time Commitment and Attendance Expectations

- Time commitment
- Attendance Expectation
- Delegates

### Meeting Schedule and Structure

- Meeting Frequency
- Location
- Structure

### Data Collection and Monitoring

### Plan for Evaluation and Sustainability



# COUNTY OF YOLO

Health and Human Services Agency

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## COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

### Commitment Form

#### Member Information

Community Member       Organization \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

I would like to participate in the following Workgroup:

Communicable Disease     Mental Health     Healthy Aging

#### Delegate Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

*\*Information included on this form will be used to update the CHIP Committee Roster.*