



Partnering to Advance Health Care Coverage for Children and Families

JOIN the National Covering Kids & Families Network

Become actively involved in this exciting effort by submitting your membership form today!

What is the National Covering Kids & Families Network

The NCKF Network plays a critical intermediary role between national, state, and local policymakers and consumers by maximizing outreach, enrollment, retention, and utilization in health coverage programs. NCKF Network is a diverse group of local and statewide coalitions that have implemented best practices to enroll and retain children and their families into public coverage programs. Specifically, the Network:

- Provides technical assistance within the network and to policymakers based on best practices to strengthen and transform the capacity of states and communities;
- Educates decision makers;
- Offers a clearinghouse of resources;
- Actively supports the expansion of quality health care coverage
- Create greater public awareness about the issues; and
- Mobilizes grassroots network of frontline providers and families.

How Do I Join?

The NCKF Network is open to community-based organizations, state and local agencies, children's advocacy groups, coalitions, associations, providers, and individuals working towards quality healthcare coverage, expansion, outreach, simplification, and coordination. To become a member, we ask that you:

- Complete the attached membership form
- Sign-up to participate in a committee to advance our work together:
 1. **Policy and Education:** Develop and coordinate educational opportunities and strategies to facilitate sharing of best practices, lessons learned, and policy updates and to build the NCKF Network's capacity to advance the priorities as determined by the full membership. Develop and implement the NCKF Network's health coverage policy agenda that supports the Goals and reflects priorities as determined by full membership
 2. **Communications and Membership:** Develop tools, activities, and capacity to meet both internal and external NCKF Network communications needs. Recruit, retain and evaluate membership to ensure broad-based regional and organizational representation and member satisfaction.

By joining the NCKF Network, you are making a commitment to actively participate in building and maintaining the next generation of *CKF*. Through your contributions, the NCKF Network will strengthen and expand its efforts to advance healthcare coverage and equal access to high quality healthcare.

What Are the Membership Benefits?

The NCKF Network facilitates the following member benefits:

- **Teleconferences/Webinars:** participation in quarterly webinar teleconferences to learn about a urgent and emerging issues and participate in collective expertise to bridge policy with state and local practices
- **Resources for Building Capacity:** to access other members' skills and assets, leadership and educational opportunities; real life perspectives; and common strategies for mobilizing and advancing best practices and policy.
- **Networking:** to keep members informed via bi-weekly electronic NCKF Network newsletter and network through the NCKF electronic listserv.



National Covering Kids & Families Network

MEMBERSHIP FORM

Membership Classification/Dues (An invoice for dues based on membership classification will be mailed to the primary contact) <input type="checkbox"/> Organization (\$100) <input type="checkbox"/> Individual (\$50) <input type="checkbox"/> Government Entity (e.g., State/Federal agencies will receive a Waiver)																		
Primary Contact:		Title:																
Organization (if applicable):		Website:																
Address:		City/State/Zip Code:																
E-mail:	Phone:	Fax:																
Secondary Contact:		Title:																
E-mail:	Phone:	Fax:																
FOR ORGANIZATION CLASSIFICATION ONLY																		
Each organization may designate up to two additional representatives to be included in the membership:																		
Name:		Title:	E-mail:															
Name:		Title:	E-mail:															
Jurisdiction/Focus Area (check all that apply): <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Not Applicable																		
Sector (check one): <input type="checkbox"/> Public Organization <input type="checkbox"/> Private, Non-Profit Organization <input type="checkbox"/> Private, For Profit Organization																		
Organization Type (check all that apply): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Advocacy/Policy</td> <td><input type="checkbox"/> Education</td> <td><input type="checkbox"/> Health Plan</td> </tr> <tr> <td><input type="checkbox"/> Association</td> <td><input type="checkbox"/> Employer/Business</td> <td><input type="checkbox"/> Provider (e.g., hospitals, clinics, doctors, etc.)</td> </tr> <tr> <td><input type="checkbox"/> Community-Based</td> <td><input type="checkbox"/> Faith-Based</td> <td><input type="checkbox"/> Research</td> </tr> <tr> <td><input type="checkbox"/> Consultant</td> <td><input type="checkbox"/> Foundation/Funder</td> <td><input type="checkbox"/> Tribal</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Government/Public Sector</td> <td><input type="checkbox"/> Other (Please specify):</td> </tr> </table>				<input type="checkbox"/> Advocacy/Policy	<input type="checkbox"/> Education	<input type="checkbox"/> Health Plan	<input type="checkbox"/> Association	<input type="checkbox"/> Employer/Business	<input type="checkbox"/> Provider (e.g., hospitals, clinics, doctors, etc.)	<input type="checkbox"/> Community-Based	<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Research	<input type="checkbox"/> Consultant	<input type="checkbox"/> Foundation/Funder	<input type="checkbox"/> Tribal		<input type="checkbox"/> Government/Public Sector	<input type="checkbox"/> Other (Please specify):
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Target Population(s) (e.g., low-income, uninsured children and families, etc.):																		
Is your state CKF Coalition still active? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know																		
What is your role in the state CKF coalition: <input type="checkbox"/> Coalition Member <input type="checkbox"/> Local Project <input type="checkbox"/> State <input type="checkbox"/> Not Involved <input type="checkbox"/> Other																		
Areas of Expertise: Please list your areas of expertise on advancing healthcare coverage and equal access to high quality that you can share with other NCKF Network Members (e.g., outreach, enrollment, retention, utilization, policy, advocacy, etc.)																		
Resources: Please list resources you have developed for quality healthcare coverage, expansion, outreach, simplification, and/or coordination.																		
Leadership: How can the Network enhance your leadership capacity for access to quality healthcare coverage and services? <input type="checkbox"/> Help Overcome Challenges <input type="checkbox"/> Provide Current Information <input type="checkbox"/> Training <input type="checkbox"/> Leverage Resources <input type="checkbox"/> Share Best Practices <input type="checkbox"/> United National Voice <input type="checkbox"/> Networking <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Other (Please specify):																		
Committee Interest (Write representative's name and committee(s) of interest in the spaces provided below):																		
• Policy and Education Committee • Communications and Membership Committee																		
Representative 1:		Committee(s):																
Representative 2:		Committee(s):																
Representative 3:		Committee(s):																
Representative 4:		Committee(s):																

Please submit Membership Form to: NCKF, Attn: Theresa Kaschak, Mothers & Babies Perinatal Network, 457 State St., Binghamton, NY 13901 or email to tkaschak@mothersandbabies.org