



**Rhode Island Health Center Association
Certified Application Counselor Program¹
Agency Participation Application**

The Certified Application Counselor Program will provide a training and certification opportunity to those who are interested in providing unpaid application assistance to Rhode Island consumers who want to enroll in health insurance through HealthSource RI.

Agency Name: _____

Agency Address: _____

Chief Executive Officer: _____

Agency Liaison: _____

Agency Liaison Contact information: _____

Number of Participating Individuals: _____

Names of Participating Individuals: _____
(Attach list if necessary)

Relationship of individuals to agency (i.e. staff, volunteer): _____

Has the agency received any “natural helper” training through HealthSource RI over the past year?
____ yes ____ no

Has the agency assisted consumers informally with applications for health insurance through HealthSource RI? ____ yes ____ no

Has the agency reviewed and signed the required Letter of Agreement for a Certified Application Counselor Agency? ____ yes ____ no

Signature, Chief Executive Officer/Executive Director: _____

Date: _____

¹ HealthSource RI (HSRI) uses a variety of programs to enhance its outreach and education efforts, including Navigators, In-Person Assistors and Certified Application Counselors (“CAC’s”) as certified by HSRI. The rules pertaining to these programs can be found at 45 CFR §155.210; 45 CFR §155.215 and 45 CFR §155.225. For the sake of simplicity, HSRI refers in-person assistors and navigators jointly as “Navigators.”