

Travis County Commissioners Court  
Austin City Council



# **APPLICATION PACKET**

**for**

**Joint Appointment to the  
Travis County Healthcare  
District (Central Health)  
Board of Managers**

**Spring 2013**

January 22, 2013

TO: Potential Applicants

FROM: Travis County Commissioners Court & Austin City Council

SUBJECT: **Travis County Healthcare District Board of Managers  
Application Process, Timeline and Application**

Attached is the Travis County Healthcare District Board of Managers Application Packet. Included in the packet are:

1. a description of Central Health's history and mission;
2. a summary of the qualifications the Travis County Commissioners Court and Austin City Council are seeking in their appointee;
3. an application form; and,
4. a conflict of interest affidavit which must be completed and notarized by the applicant.

**The deadline for receipt of completed applications is  
4:00 p.m. on Friday, February 22, 2013.**

Applications may be submitted to either:

Travis County Commissioners Court  
Intergovernmental Relations Office  
700 Lavaca, Suite 360  
Austin, Texas 78701

Boards and Commissions Coordinator  
Office of the City Clerk  
P.O. Box 1088, Austin, Texas 78767  
City Hall, 301 W. 2nd Street, Suite 1120

Electronic applications may be submitted electronically in PDF format to either:

[IGR@co.travis.tx.us](mailto:IGR@co.travis.tx.us)

[Candy.Parham@austintexas.gov](mailto:Candy.Parham@austintexas.gov)

Electronic copies of this packet can be requested by calling Julie Wheeler at (512) 854-4774 or emailing [Julie.Wheeler@co.travis.tx.us](mailto:Julie.Wheeler@co.travis.tx.us). Also, paper copies of the application packet can be picked up at the addresses noted above for either the IGR Office or the Office of the City Clerk.



## Call for Applications to the Travis County Healthcare District (Central Health) Board of Managers

The Travis County Commissioners Court and Austin City Council seek applications from qualified individuals to serve on the nine-member Board of Managers (The Board) of the Travis County Healthcare District (Central Health). Four members of the Board are appointed by the Travis County Commissioners Court, four by Austin City Council, and a consensus candidate is jointly appointed by the Travis County Commissioners Court and Austin City Council. The joint appointee will serve for a term of four years, from January 1, 2013 through December 31, 2016.

These nine appointees serve as the Board of Managers and organize, plan and supervise Central Health. The District is intended to promote transparency and accountability to the public in the provision of health care. Information regarding the District's calendar, scheduled meetings and minutes of past meetings is available at <http://www.centralhealth.net/meetings.html>.

The Travis County Commissioners Court and Austin City Council seek the following qualifications in applicants:

1. Senior management-level experience in a non-governmental entity
2. Experience serving on Boards of Directors for high-level businesses or for-profit organizations
3. Demonstrated leadership experience requiring strategic planning, execution, and maintenance of successful business operations
4. Knowledge of the issues and components related to the "safety net" health system.
5. Understanding of the operating principles and value of Federally Qualified Health Centers (FQHCs).
6. Reflective of the diversity of the communities served by Central Health
7. Mature and seasoned community leader

**The finalist's selection by the Travis County Commissioners Court and Austin City Council will be contingent upon the finalist completing and submitting to the Court a Personal Financial Statement Form (PFS 2013).**

**TRAVIS COUNTY HEALTHCARE DISTRICT (D/B/A CENTRAL HEALTH)  
BOARD OF MANAGERS  
APPOINTMENT APPLICATION**

(Applications must be submitted in this format. Please do not retype or reformat.)

<b>Name:</b>		
<b>Spouse's Name:</b>		
<b>Home Telephone #</b>	<b>Work Telephone #</b>	<b>Fax #</b>
<b>Email Address</b>		<b>Cellular # (Optional)</b>
<b>Present Job title &amp; job description:</b>		
<b>Profession:</b>		
<b>Home Address</b> <small>(STREET/P.O. BOX, CITY, STATE, ZIP)</small>		<b>Employer and Employer's Address</b>
<b>County:</b>		

**EDUCATION/TRAINING:**

<b>High School or equivalent (G.E.D.)</b>	
<b>Undergraduate School:</b>	<b>Year Graduated:</b>
<b>Graduate School:</b>	<b>Year Graduated:</b>
<b>Licenses/Certifications:</b>	<b>Year Obtained:</b>

**Name:**

**EMPLOYMENT AND CAREER HISTORY (include administrative and finance experience):**

**CURRENT PROFESSIONAL MEMBERSHIPS:**

**PUBLIC SERVICE (include participation in local, state, and federal governmental processes):**

**CIVIC PARTICIPATION:**

**Name:**

**COMMUNITY LEADERSHIP ROLES:**

**HEALTH AND/OR HUMAN SERVICES EXPERIENCE AND/OR KNOWLEDGE:**

**BUSINESS ACHIEVEMENT (specifically entrepreneurial and investment):**

**NOTE: PLEASE ATTACH A RÉSUMÉ.**

**TRAVIS COUNTY HEALTHCARE DISTRICT (D/B/A CENTRAL HEALTH)  
BOARD OF MANAGERS  
APPOINTMENT APPLICATION**

<b>Name:</b>	
<b>Date of Birth:</b>	<b>Are you a U.S. Citizen</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ethnicity: (Optional)</b>	<b>Gender: (Optional)</b>

**CERTIFICATION OF APPLICANT**

I hereby certify that the foregoing and any attached statements are true, accurate and complete. I agree that any misstatement, misrepresentation, or omission of a fact may result in my disqualification for appointment.

I understand that my application is public information under the Texas Open Records Act. I hereby give the Travis County Commissioners Court and Austin City Council permission to publish the information obtained in the submission of this application.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**CENTRAL HEALTH**  
**BOARD OF MANAGERS**  
**CONFLICT OF INTEREST DISCLOSURE AFFIDAVIT**

STATE OF TEXAS §  
COUNTY OF TRAVIS §

On this day, \_\_\_\_\_ appeared before me, the undersigned notary public, and after I administered an oath, upon his/her oath, he/she said:

"My name is \_\_\_\_\_. I am competent to make this affidavit. The responses to the questions stated in this affidavit are within my personal knowledge and are true and correct. In this affidavit, "Central Health" means the Travis County Hospital District d/b/a Central Health and "Board" means the Board of Managers of Central Health. I am making this affidavit to disclose potential conflicts of interest that might affect my ability to serve on the Board and to verify that I meet all eligibility requirements for appointment to the Board.

"I understand that providing no information in the space provided in items 4 through 25 is a statement that these circumstances do not apply to either my spouse or me as applicable and I affirm that all of the following statements are true and correct.

1. I reside in Travis County, Texas.

**EMPLOYMENT**

2. I am not an elected official.

3. My **spouse's** employer is \_\_\_\_\_.

My **spouse** works in \_\_\_\_\_ (department).

My **spouse's** position title is \_\_\_\_\_.

**FINANCIAL RELATIONSHIPS**

4. If my employer has, or is expected to have, a financial relationship (other than as a taxpayer) with any of the following entities, I have marked an X in the box preceding the entity and stated the financial relationship:

Central Health \_\_\_\_\_

City of Austin \_\_\_\_\_

Travis County \_\_\_\_\_

Ascension Health (Seton Healthcare Family or its affiliates) \_\_\_\_\_

Hospital Corporation of America/HCA (St. David's Hospital) or one of its affiliates

University of Texas System

Another healthcare provider that has or is likely to have a financial relationship with Central Health (specify provider also)

5. If my **spouse's** employer has, or is expected to have, a financial relationship (other than as a taxpayer) with any of the following entities, I have marked an X in the box preceding the entity and stated the financial relationship:

Central Health

City of Austin

Travis County

Ascension Health (Seton Healthcare Family or its affiliates)

Hospital Corporation of America/HCA (St. David's Hospital) or one of its affiliates

University of Texas System

Another healthcare provider that has or is likely to have a financial relationship with Central Health (specify provider also)

6. If I intend to seek a business arrangement with Central Health, the type of business is stated below:

7. If my **spouse** intends to seek a business arrangement with Central Health, the type of business is stated below:

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8. If I do work for or participate in the management of any organization (other than a political subdivision) that receives funds from Travis County or the City of Austin or is expected to receive funds from Central Health, the name of the organization, the entity providing funds and the type of funding are stated below:

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9. If my **spouse** does work for or participates in the management of any organization (other than a political subdivision) that receives funds from Travis County or the City of Austin or is expected to receive funds from Central Health, the name of the organization, the entity providing funds and the type of funding are stated below:

INDEPENDENCE

10. If I am employed or engaged in a business or professional activity that might cause me to disclose confidential information acquired as a result of my being a member of the Board, the name of the business or activity is stated below:

11. If my **spouse** is employed or engaged in a business or professional activity that might cause me to disclose confidential information acquired as a result of my being a member of the Board, the name of the business or activity is stated below:

12. If I am employed or engaged in any activity that could significantly impair my independence of judgment in the performance of my official duties as a member of the Board, the name of the activity is stated below:

13. If my **spouse** is employed or engaged in any activity that could significantly impair my

independence of judgment in the performance of my official duties as a member of the Board, the name of the activity is stated below:

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14. If I own an interest in real property that is expected to be acquired for a Central Health project, the location of the property is stated below:

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15. If my **spouse** or **minor children** own an interest in real property that is expected to be acquired for a Central Health project, the location of the property is stated below:

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16. If I have material personal investments that could create a conflict between my private interests and the interests of Central Health, the type and extent of those investments is stated below:

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17. If my **spouse** or **minor children** have material personal investments that could create a conflict between their private interests and the interests of Central Health, the type and extent of those investments is stated below:

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18. If I own or control, either directly or indirectly, more than 10% of the stock or shares of a company that receives funds from Travis County or the City of Austin or is expected to receive funds from Central Health, the name and percentage of ownership of those companies are stated below:

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19. If my **spouse** or **minor children** own or control, either directly or indirectly, more than 10% of the stock or shares of a company that receives funds from Travis County or the City of Austin or is expected to receive funds from Central Health, the name and percentage of ownership of those companies are stated below:

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20. If I use or receive a substantial quantity of goods or services from Travis County or the City of Austin, or expect to receive a substantial quantity of goods or services from Central Health, the type and approximate annual quantity are stated below:

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21. If my **spouse** or **minor children** use or receive a substantial quantity of goods or services from Travis County or the City of Austin, or expect to receive a substantial quantity of goods or services from Central Health, the type and approximate annual quantity are stated below:

LOBBYING AND CONSULTING

22. If I am an owner, officer, employee, manager or paid consultant of any association either involved in the field of health care services or supplies, or lobbying for health care services, my position and the name of the association are stated below:

23. If my **spouse** is an owner, officer, employee, manager or paid consultant of any association either involved in the field of health care services or supplies, or lobbying for health care services, my position and the name of the association are stated below:

24. If, currently or during the last three years, I am or was a lobbyist for compensation at or on behalf of Travis County or the City of Austin, my activities and on whose behalf they were provided are stated below:

25. If, currently or during the last three years, my **spouse** is or was a lobbyist for compensation at or on behalf of Travis County or the City of Austin, my **spouse's** activities and on whose behalf they were provided are stated below:

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26. I understand that Central Health will be a component unit of Travis County for financial statement purposes. As such, I am willing to complete the disclosure of related party transactions with Central Health annually so that Travis County can comply with the requirements of Financial Accounting Standard 57.”

\_\_\_\_\_  
Signature

Printed Name: \_\_\_\_\_

SWORN TO and SUBSCRIBED before me by \_\_\_\_\_ on \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas

