

## Kawartha Lakes OHT Partner Application

**Instructions:** Please provide the following information on the prospective OHT partner organization.

**1. Organization Name:**

**2. Contact information for the primary representative of the organization (i.e. Title, Name, Full Address, Email, Phone):**

**3. Contact information for the chair of the organization:**

**4. Contact information for administrative staff that support the individuals identified in sections 2 and 3:**

**5. Affiliation with other OHTs:**

**6. Reason for application to join the KL-OHT:**

**7. Share the contribution you believe your organization can make in the Year 1 Target Population of 65+, living alone, poor support network, frail, multiple illnesses, cognitive challenges, and hospitalized within last twelve months.**

**8. Please review the KL-OHT Statement of Partnership Commitment. Indicate the partnership category that best defines your organization’s interest and provide additional comment if appropriate:**

Associate/Affiliate Partner

- input into decision-making
- may sit on committees
- may engage in specific projects
- signatory to the OHT
- not a year one decision maker

Supporter/Observer/Community

- consulted, but not fully committed to process
- receive information
- invited to specific meetings or open forums to receive information and provide input