

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