

Community Partnership Form

Optima Health is a leader recognized for its service, collaboration, and innovation in caring for the Medicaid and FAMIS populations. We serve members in all six regions of the state of Virginia. Optima Health, through its Outreach and Education program, strives to:

1. Promote healthy behavior and improve health everyday
2. Educate and assist members to navigate their benefits
3. Engage members and teach them to be better healthcare consumers
4. Empower members to advocate for themselves and their families
5. Support quality improvement initiatives to improve health outcome measures
6. Provide support and education for new or changing programs

Optima Health understands that a “one size fits all” approach is not sufficient for member and community outreach. Therefore, we have created a partnership program that promotes both traditional and non-traditional means to reach our member population. We collaborate with community organizations and stakeholders to build strong relationships in support of our members to establish trust, share knowledge, and solve problems.

Please complete the following information completely and submit via email to

COMM_OUTREACH@sentara.com **Only one request per form.**

Organization Details

Name of Organization:		
Contact Name:		Contact Phone:
Address:		City:
State:	Zip:	Email:
Optima Rep You Are Working With:		
Has your organization received sponsorship support from Optima Health in the past? If yes, how much?		Date donation needed by:
Amount or type of donation requested (include sponsorship levels and benefits if applicable):		
Briefly describe your organization:		

Event Details

Event Date:	Event Start Time:	Event End Date:
# of Attendees Expected:	Target Audience:	
Location of Event (address):		
Region:		
Event Name:		
Optima Rep You Are Working With:		
Event Description (include how donation will be used – please be specific):		
How will Optima Health’s sponsorship of this event support the community and contribute to our mission to “Improve Health Everyday?”		
Does your project/event have measurable goals for success? How will your project/event positively affect the underserved communities?		
Will your project/event be completed this year or is it ongoing?	Are there any other MCOs involved in this project/event?	
Other:		

For Optima Use Only

Date Partnership Request Submitted:		Partnership Approved/Denied:	
Date Requested Presented to Committee:		Amount/Type of Sponsorship Approved:	
DMAS Submission – Event:	<input type="checkbox"/> Yes	Event Submission Date	
	<input type="checkbox"/> No		
DMAS Submission – Collateral:	<input type="checkbox"/> Yes	Collateral Submission Date	
	<input type="checkbox"/> No		
DMAS Approval Received:	<input type="checkbox"/> Yes	Approval Date	
	<input type="checkbox"/> No		
Community Outreach Staff Signature:			
Director Signature:			