

# New S-L OHT Members - Expression of Interest

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## *Affiliate Member*

*Submissions are reviewed quarterly*

Submit Application to: [info@sarnialambtonoht.ca](mailto:info@sarnialambtonoht.ca)

**“Affiliate Members”** means organizations that contribute to the health and well-being of the Sarnia Lambton community, provide input to enable decision-making and participate in planning, design and projects of the S-L OHT.

S-L OHT’s priority population is those aged 55 years+ with 2 or more chronic conditions such as COPD, Heart Failure, Dementia, Diabetes, or have complex care (multiple chronic conditions), as well as Mental Health and Addictions in Transitional Age Youth 12-25 years of age. S-L OHT has also identified the following three areas as priorities for Fiscal Year 2024/25 to include:

- Supportive Housing for Mental Health and Addictions
- Centralized Access Hubs (Mental Health, Community Support Services, Chronic Disease)
- Health and Human Resources – Recruitment and retention

If your organization provides services to our priority populations or you are involved in the additional identified areas of priority, you are encouraged to fill out a signatory member application. If your organization provides health or social services to the Sarnia-Lambton area, but not to the priority populations or additional priority areas, you are encouraged to fill out an affiliate member application. If you do not receive funding directly from the province to provide services (either partial or full funding) you are encouraged to fill out an affiliate member application.

The following expression of interest form must be completed and submitted no later than end of business day May 30, 2024.

**If you have any questions, please do not hesitate to contact Amy Weiler, Engagement & Partnerships Specialist at [aweiler@sarnialambtonoht.ca](mailto:aweiler@sarnialambtonoht.ca).**

**Name of Organization (Formal Legal Name)\***

**Address\***

**Name of Executive Director Contact\***

**Executive Director Phone Number\***

**Executive Director Email Address\***

**Name of Administrative Contact (optional)**

**Administrative Phone Number  
(optional)**

**Administrative Email Address (optional)**

**Type of Organization:**

- Primary Care
- Mental Health and Addictions
- Home and / or Community Support Services
- Long Term Care
- Allied Health Care Services
- Specialty Services (Pharmacy, etc)
- Social or Housing Services
- Congregate Care
- Other: \_\_\_\_\_

**1. Please describe your organization's interest in becoming an affiliate member of the S-L OHT.  
(Max 250 words)\***

**2. The ultimate goal of S-L OHT is to bring together health care partners from all sectors to provide seamless, fully coordinated care for patients, while creating a more efficient system. S-L OHT's vision is: "Innovating together for better care".**

**Please describe how your organization's strategic plan aligns with the work of the S-L OHT and explain how becoming an Affiliate Member will assist the S-L OHT in meeting its Vision.**

**(Max 250 words)\* [Click here](#) to see S-L OHT's Strategic Plan**

**3. Please describe how your organization provides services and programs to the Sarnia-Lambton community. (Max 250 words)\***

**4. Please describe the strengths of your organization, and what knowledge you can transfer to the broader S-L-OHT partnership. (i.e. finance, human resources, project management, research, digital health, diversity, equity and inclusion leader, governance, etc). Your strengths can take the form of organizational achievements, successful programs, or specialized staff, as examples. (Max 250 words)\***

**The S-L OHT sets out several commitments for Affiliate Members. Please confirm your acceptance of the following conditions for Affiliate Membership:**

- Commitment to the vision and shared guiding principles of the S-L OHT
- Commitment to advancing the goals and objectives as laid out in S-L OHT's Strategic Plan when it is appropriately aligned with your organization
- Provide input to enable decision-making and actively participate in planning, design and projects of S-L OHT
- Contribute and fully participate in meetings to provide insights, advice and support on S-L OHT Working Groups, Task Teams, Committees, or Advisory Councils

***Thank You!***

The S-L OHT Collaboration Council reviews all expressions of interests quarterly.  
We will be in touch with all applicants regarding next steps.

Submit Application to: [info@sarnialambtonoht.ca](mailto:info@sarnialambtonoht.ca)

*(adapted with permission from CKOHT)*