



North Carolina  
 Department of Health and Human Services  
**Division of Medical Assistance**  
**Managed Care**

421 Fayetteville St. – 2501 Mail Service Center - Raleigh, N.C. 27699-2501  
 One Bank of America Plaza

Courier Number 56-20-06

Michael F. Easley, Governor  
 Carmen Hooker Odom, Secretary

L. Allen Dobson, Jr., MD, Assistant Secretary  
 for Health Policy and Medical Assistance

## Health Check Outreach Project Collaboration Agreement

This Agreement is entered into by \_\_\_\_\_ County Health Check Outreach Project (hereinafter **COLLABORATOR I**) established under the Division of Medical Assistance’s (DMA) Managed Care Health Check Services Program, having its principle office in \_\_\_\_\_, North Carolina; and \_\_\_\_\_ County Health Check Outreach Project (hereinafter **COLLABORATOR II**) established under the of Division of Medical Assistance’s (DMA) Managed Care Health Check Services Program, having its principle office in \_\_\_\_\_ **(COUNTY NAME)**.

Witnessed that:

WHEREAS, **COLLABORATOR I** and **COLLABORATOR II** agree at the onset that the Health Check Outreach Project Collaboration Project will be a joint effort and agree to share in the decision-making process regarding the Health Check position priorities for their county, respectively; and,

WHEREAS, **COLLABORATOR I** and **COLLABORATOR II** are collaborating and will continue to collaborate on Health Check Coordinator responsibilities and priorities as written in the Health Check Coordinator Policies and Procedures Manual; and,

WHEREAS, **COLLABORATOR I** and **COLLABORATOR II** understand that DMA will fund one (1) full-time position to serve both counties. DMA will allocate funding to \_\_\_\_\_ County; and,

WHEREAS, **COLLABORATOR I** and **COLLABORATOR II** agree that the Health Check Coordinator position will be responsible for serving children ages 0 – 20 residing in \_\_\_\_\_ and \_\_\_\_\_ Counties. The position responsibilities will be shared between counties in accordance to a \_\_\_\_\_ ratio for \_\_\_\_\_ and \_\_\_\_\_ Counties, respectively.

In witness whereof, the **Parties** hereto have caused the Agreement to be executed by their duly authorized representatives.

The Effective Date of this Agreement is \_\_\_\_\_, 20 \_\_\_\_\_.

**COLLABORATOR I**

**COLLABORATOR II**

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

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

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_