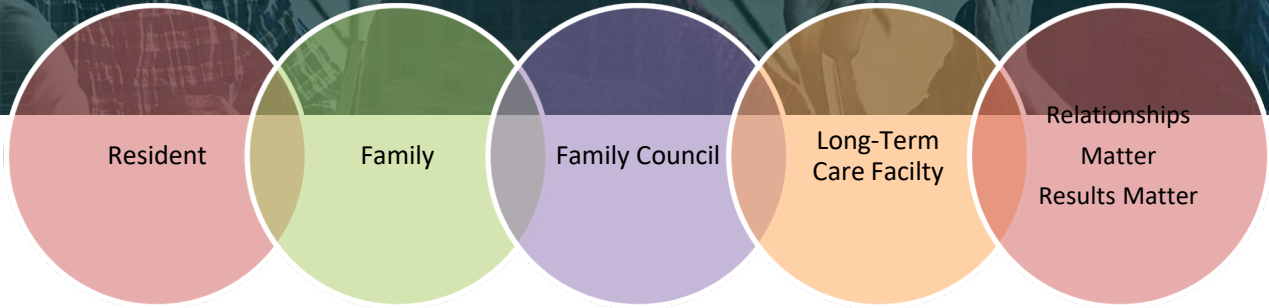


Return this form to your LTCF Administrator

Family Council Sign-Up



Join, Start and Support a Family Council at your loved one's facility!

Meetings are held Quarterly. Additional meetings will be scheduled as needed.

Name: _____

Address: _____

Phone: _____ Email: _____

Resident's Name: _____ Resident's Room #: _____

I am interested in joining the Family Council: ___ Yes ___ No

I am interested in starting a Family Council: ___ Yes ___ No

I am a member of a Family Council and interested in joining the Statewide Family Council

___ Yes ___ No **If Yes, please email form to cindy6@comcast.net**

Please indicate if the Family Council Chair/Co may contact you directly ___ Yes ___ No

Please indicate availability for a meeting ___ Morning ___ Afternoon ___ Early Evening

Do you prefer to meet ___ in person ___ virtually?

.....
Please indicate an alternate that could attend the meetings if you are unavailable. They will receive any correspondence sent.

Name: _____

Address: _____

Phone: _____

For more information about or to join the CT Statewide Family Council please visit the
webpage at: <https://portal.ct.gov/LTCOP/State-Wide-Family-Council> or contact
Co-Chairs to Cynthia Hadden: cindy6@comcast.net or Amy Badini: abadini06870@gmail.com