A picture containing text

Description automatically generated

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: I am interested in starting a Family Council:

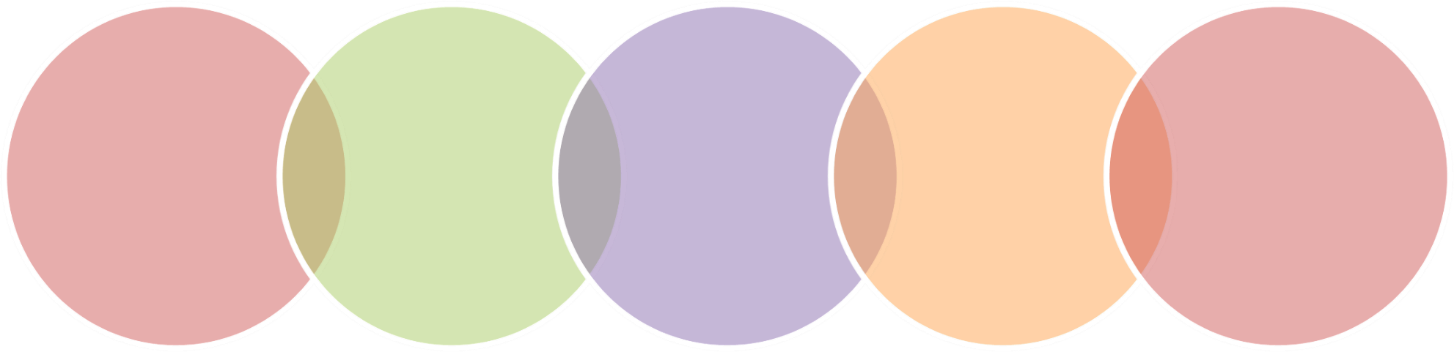
Yes

Yes

No

No

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



Return this form to your LTCF Administrator

**Family Council Sign-Up**

Resident

Family

Family Council

Long-Term

Care Facilty

Relationships

Matter Results Matter

Yes No

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 the CT Statewide Family Council please visit the webpage at:

<https://portal.ct.gov/LTCOP/State-Wide-Family-Council>or contact

[**ctswfamilycouncil@gmail.com**](mailto:ctswfamilycouncil@gmail.com)

8/9/23