



## RESIDENT AND FAMILY ADVISOR APPLICATION

Please answer the following questions and return this form to [email, contact] or you may mail your application to:  
HSC Health Pavilion, Attn: Jennifer Severance, 855 Montgomery St, 4<sup>th</sup> floor, Fort Worth, TX 76109

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please **circle** your preferred method of contact: Phone Email Other (please specify) \_\_\_\_\_

*Please take a few minutes to complete the following questions that will help us get to know you better.*

**1. Are you a ...**

- Resident of a nursing home
- Family member/Caregiver of a resident at a nursing home

**2. We recognize that our resident and family advisors have busy lives. How much time are you able to commit to being a resident and family advisor each month? (check one)**

- Less than one hour per month
- One to two hours per month
- Three to four hours per month
- More than four hours per month

**3. The Nursing Home Advisory Council meets regularly every other month. These meetings are usually 1 hour long. Meetings are held virtually using the Zoom web-based conferencing platform. Would you be available to participate in meetings?**

- Yes
- No

**If yes, what time of day would work best for you (select all that apply)?**

- Morning
- Afternoon
- Evening
- Other (please specify): \_\_\_\_\_



*Please tell us about yourself.*

**4. Why would you like to serve as a resident and family advisor? 300 words or less**

**5. Do you know other individuals or families who might be interested in serving as advisors? If so, please provide us their contact information.**

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

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_