



Thank you for taking time to complete this application for Carle Health System Patient and Family Advisory Council.
Please provide brief answers to the following questions.

First Name: _____ Last Name: _____ M.I.: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Preferred Contact (check one): Home Phone Cell Phone Email

Age: 15-20 21-30 31-40 41-50 51-60 61-70 71+

The following questions will help us to get to know you better.

Are you a: Patient Family Member

Have you or your family member visited the Carle Health System in the past 12 months? Yes No

Which department(s) or unit(s) of Carle Health System provided care for you or your family member?

What are some of the specific things that Carle health care professionals do/have done to help you or your family?

What are some of the things you would like to see Carle to do differently to better help patients and their families?

Are there certain topics or areas of the Carle Health System in which you have a special interest?

Why are you interested in joining the Patient and Family Advisory Council?



Briefly describe any experiences you may have had as an advisor or an active volunteer in your community or other committees:

Primary language spoken _____ Other languages _____

Please share additional information that you would like us to know:

Membership on the Council will allow input on planning programs and policies; identifying patient and family concerns; and partnering with staff to advise and promote patient-centered care. Members commit to serve on the Council for 12-18 months and attend quarterly meetings. Meetings will be no longer than 2 hours.

Select applicants will be contacted to schedule an interview. Please call or email if you have any questions.

Applicant Acknowledgement and Signature: I acknowledge that I have provided accurate information to the best of my ability.

Signature: _____ **Date:** _____

Please return completed application to:

Anastasia K. Wilczynski
Carle Foundation Hospital
ATTN: Patient Advisory Council
CBW2
611 W. Park Street
Urbana, Illinois 61801