Arkansas Children's Care Network

Care Management Family Advisory Council Application

Applicant Information

Full Name: ____ Date:______________
Last *First* *M.I.*

Address: ____
Street Address *Apartment/Unit #*

____
City *State* *ZIP Code*

Preferred Contact: ___ Home ___ Office ___ Mobile ___ Email ___ Other (please specify): _____________

Home phone: ________________ Office phone: ____________ Mobile phone: _____________
Email: ____

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

1. **We recognize that our patient and family advisors have busy lives. How much time are you able to commit to being a family advisor each month? (Check one)**
   - ☐ Less than one hour per quarter
   - ☐ One to two hours per quarter
   - ☐ Three to four hours per quarter
   - ☐ More than four hours per quarter

2. **Would you be able to participate in three to four virtual meetings a year?**
   - ☐ **Yes**
   - ☐ No
   - ☐ If yes, what times would work best for you (select all that apply)?
     __ Morning __Afternoon __ Evening __ Other (please specify): ___________

3. **How do you want to help? I want to: (check all your interest areas)**
   - ☐ Help develop or review informational materials for patients and family members
   - ☐ Help improve the patient and family role in care decision-making
   - ☐ Review procedures and provide input to improve patient care experience
   - ☐ Other interest areas (please describe):

   ____

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Please tell us about yourself.

4. **Why would you like to serve as a family advisory council member?**

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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: ____

Please return this form by mail, fax, or email (preferred method) to:

Office Mailing Address: #1 Children's Way, Slot 856 Little Rock, AR 72202

Email: rayjd1@archildrens.org

Office Fax: 501-364-4518