## **CENTRACARE** Health

## **APPLICATION FOR CENTRACARE HEALTH PATIENT & FAMILY PARTNER PROGRAM**

If you are interested in joining the CentraCare Health Patient & Family Partner Program, please complete this application. You may return your completed application electronically by clicking "Submit" at the bottom of page 2. Or you can print your completed application and mail it to: Rachel Stack, CentraCare Clinic, 1200 6<sup>th</sup> Ave. N., St. Cloud, MN 56303

Name	:										
Address:											
City:						State: _			Zip Code:		
Home Phone:					Cell Phone:						
Email Address:											
I am a : 🔲 Patient 🔲 Family Member											
Have you or a family member received care at CentraCare Health within the past year? $\Box$ Yes $\Box$ No											
If yes, please check all areas where care was received:											
	Hospital		Clinic		Lab		Emergen	cy Roc	om 🗆	Imagir	ng
Please answer the questions below as completely as possible.											
1. I would like to learn more about (check all that apply):											
	Sharing my experience at a CentraCare Health meeting or event										
	Participating on an improvement project										
	Serving on a hospital or clinic committee										
	Participating on a	a Pat	ient & Family Ac	lvisory	/ Council						
	St. Cloud Area		Long Prairie		Melrose		Monticello		Paynesville		Sauk Centre

2. Tell us why you are interested in joining the CentraCare Health Patient & Family Partner Program.

## **APPLICATION FOR CENTRACARE HEALTH PATIENT & FAMILY PARTNER PROGRAM CONTINUED**

3. Are there specific ideas or concerns that you would like to see addressed by the Patient & Family Partner Program?

4. We believe the Patient & Family Partner Program should reflect the diversity of the patient population at CentraCare Health. Please share any qualities or experiences you could bring to the program.

5. Do you participate on other community committees or councils?	🗆 Yes	🗆 No
If yes, which ones?		

6. Is there anything else you would like us to know?

Thank You,

If you would like more information on becoming a member of the CentraCare Health Patient & Family Partner Program, please call **Rachel Stack**, **320-251-2700**, ext. **53092** or **Michael Wenzel**, **320-251-2700**, ext. **54276**.