

# Patient and Family Advisory Council

## MEMBERSHIP APPLICATION



Thank you for your interest in the Patient & Family Advisory Council. At Manet, we are committed to continuously improve care and services to better meet the needs of our community. We recognize that the best way for us to know how we are doing is through the ongoing involvement of patients and families in our decision making. We appreciate your interest in becoming part of this process. Please complete this brief application indicating your interests and availability.

### Applicant Information

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Best way, and time, to reach you: \_\_\_\_\_

Age  18-30  31-40  41-50  51-60  61-70  71 or greater

I am a:  Patient  Family member of a patient  Both patient & family member

If a family member, please provide name of patient: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

My care/my family member's care is provided at the following Manet location:

North Quincy  Snug  Houghs Neck  Hull  Taunton

Is English the language you primarily use when communicating?  Yes  No

If no, what is your primary language: \_\_\_\_\_

How long have you or your family member been using Manet for care/services? \_\_\_\_\_

Please tell us about your experience at Manet Community Health Center. What did we do well? What could we have done better?

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Please tell us why you would like to be a member of the Patient and Family Advisory Council.

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What positive improvements to patient care would you like to see as a result of your participation in the Patient and Family Advisory Council?

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Do you feel comfortable working in groups, speaking up and providing input?  Yes  No

Are you able to attend one evening meeting quarterly at Manet Community Health Center in North Quincy?  Yes  No

Are you able to commit to membership on the council for at least one year?  Yes  No

Do you have any other comments, questions, or concerns?

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Thank you for taking the time to express your interest in the Patient and Family Advisory Council. Please return your completed application to the front desk staff at Manet Community Health Center or by mail, fax or email.

Attention: Misbah Mohammed, PFAC Liaison

Mailing address: Manet Community Health Center, 110 West Squantum Street, North Quincy, MA 02171

Fax: (617)376-3024 Email: mmohammed@manetchc.org

Selected applicants will be contacted to schedule an interview. If you have any questions regarding PFAC, please contact Misbah Mohammed via email or (617)404-4120. Thank you!