



## Patient and Family Advisory Council Application 2024

Thank you for your interest in the Corner Health Center's Patient and Family Advisory Council (PFAC)! The purpose of PFAC is to be a mechanism for dialogue between patients, patient families, and medical professionals ensuring that the Corner Health Center provides exemplary patient care.

As a member of the PFAC, you would get to share your opinions on all kinds of factors that affect patient care.

The PFAC will use information and feedback collected from the Patient Satisfaction Survey as well as input from PFAC council members to guide the council's goals and initiatives.

### **Qualifications:**

- All applicants must be current patients at the Corner Health Center or have a child who is a patient at the Corner Health Center. This means you or your child must have been to the Corner for an appointment at least once in the past year.
- Applicants must have a reliable method of transportation to come to regularly scheduled meetings.

### **Responsibilities:**

All applicants must be able to attend an introductory meeting on March 25th, 2024 and each of the four quarterly meetings throughout the rest of the year. The regular meetings will happen about every three months here at the Corner. These meetings will be scheduled at the introductory meeting.

All applicants must be committed to improving care at the Corner Health Center. We want to hear from you! Please come prepared to share your thoughts, opinions, and ideas.

Applications are due by March 18th, 2024



Corner Health Center  
**Patient and Family Advisory Council Application**

All information provided will be kept confidential. The information you write here will help us select a council with a broad range of interactions with the Corner Health Center's services.  
*Application must be filled out in its entirety. Failure to do so will void your application.*

**PLEASE PRINT**

First Name	Last Name	Middle Initial	
If you have used other names in the past, please list them:			
Address: Number Street	City	State	Zip Code
Telephone Number(s):	Home	Cell	Work
Email	Preferred method of contact		

What types of services have you or your child/children used at the Corner? Check all that apply:

Care Management (help finding and/or applying for resources like health insurance, housing, SNAP, or WIC)	Nutrition  Prenatal Care	Sexual Healthcare (STI testing/treatment, pregnancy tests, contraception)
Groups (Summer Series, Transgender Support Group, Healthy Youth Healthy Futures, Mom Power, SOAR)	Psychiatry  Regular check-ups (well child exams, annual exams, physicals)	Therapy/Counseling  Transgender services
Other: _____		

Why would you like to be on the Patient and Family Advisory Council?

What concerns would you like to see the Patient and Family Advisory Council address?

Would you bring any young children to meetings that need childcare? How many?

Do you have a reliable way to get to the Corner for meetings?

Would you be interested in being Co-Chair? This is a leadership position open to patients who have the time and desire to help plan and run PFAC meetings. The patient chair will be voted on at the introductory PFAC meeting in April, but we need to know now whether you're interested.

Is there anything else you would like us to know?

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Signature

Date

**PLEASE RETURN APPLICATION TO THE FRONT DESK AT THE CORNER HEALTH CENTER**