INDIVIDUAL AND FAMILY ADVISORY BOARD APPLICATION

FOR INDIVIDUALS SERVED BY PRIME CARE

FOR ELECTRONIC USE

Name: Click here to enter text.

Address: Click here to enter text.

Phone number: Click here to enter text.

Email: Click here to enter text.

How should we contact you? Click here to enter text.

Is there someone else we should contact who helps you communicate or schedule appointments? Click here to enter text.

Do you have any experience with self advocacy? Click here to enter text.

Have you ever been part of a board or committee? If yes, what and when? Click here to enter text.

Have you taken any training on advocacy? Click here to enter text.

What services do you currently receive? Click here to enter text.

Why do you want to be a part of our individual and family advisory board? Click here to enter text.

Please email completed application to

Andrea M. Foote

(585) 397-0087

[andrea.foote@primecareny.org](mailto:andrea.foote@primecareny.org)