State of Illinois
Illinois Department on Aging

Illinois Long-Term Care Council

NOMINATION FORM (In Accordance with Public Act 093-0498)

Name of Your Organization: _____

Address: _____

_____

Contact Person: _____

Contact Person Phone: ( ) _____

Contact Person E-Mail Address: _____

Contact Person Fax: ( ) _____

NOMINATION:

Name of Nominee: _____

Current Position: _____

Name of Organization: _____

Address: _____

_____

Phone: ( ) _____

E-Mail Address: _____

Fax: ( ) _____

✓ Please indicate which of the following nomination categories are applicable:

	Current or former resident of a long-term care facility or their family member
	Current or former participant of a long-term care facility resident council or family council
	Nomination on behalf of an organization with membership consisting of long-term care facilities
	Long-term care facility employee representative
	Nomination on behalf of membership-based senior advocacy group or consumer organizations that engages solely in legal representation on behalf of residents and families
	Other (e.g., State agency member, other public agency)

Please submit this completed form to Charles D. Johnson, Director, Illinois Department on Aging.
It can be faxed to **217-785-4477** or mailed to:
Illinois Department on Aging, One Natural Resources Way, Suite 100, Springfield, IL 62702-1271