



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:

<input type="checkbox"/>	Current or former resident of a long-term care facility or their family member
<input type="checkbox"/>	Current or former participant of a long-term care facility resident council or family council
<input type="checkbox"/>	Nomination on behalf of an organization with membership consisting of long-term care facilities
<input type="checkbox"/>	Long-term care facility employee representative
<input type="checkbox"/>	Nomination on behalf of membership-based senior advocacy group or consumer organizations that engages solely in legal representation on behalf of residents and families
<input type="checkbox"/>	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