

Patient Family Advisory Council (PFAC) Application

Please complete all questions in this application form and email the completed application to ListenPopHealth@sbch.org. If you would like to receive assistance completing the application, please call 805-324-9240 or email ListenPopHealth@sbch.org.

1. Please provide the following information:

Name	<input type="text"/>	Zip code	<input type="text"/>
Address	<input type="text"/>	Phone number	<input type="text"/>
City	<input type="text"/>	Email address	<input type="text"/>
State	<input type="text"/>		

2. I am a (check all that apply):

- ☐ Current Patient
- ☐ Former Patient
- ☐ Family Member of a Patient
- ☐ Bereaved Family Member
- ☐ Caregiver of a Patient
- ☐ Partner or Significant Other of a Patient

3. Please check the type(s) of care you or your family received at Cottage:

- ☐ Inpatient hospital
- ☐ Outpatient (e.g., Outpatient Surgery, Advanced Imaging, Wound Center)
- ☐ Urgent Care
- ☐ Rehabilitation Center
- ☐ Children's Medical Center
- ☐ Emergency Department
- ☐ Other: _____

4. Are you currently a Cottage employee or volunteer?

- ☐ Yes, a Cottage employee
- ☐ Yes, a Cottage volunteer
- ☐ No

5. Have you been a Cottage employee or volunteer in the past?

- ☐ Yes, a Cottage employee
- ☐ Yes, a Cottage volunteer
- ☐ No

6. Can you attend in-person quarterly meetings of the Patient and Family Advisory Council?

- ☐ Yes
- ☐ No

7. As much as you feel comfortable, please provide an overview of your experiences with Cottage Health including timing (e.g., year) and the location(s) of services.

8. Please share why you are interested in becoming a member of the Cottage Patient and Family Advisory Council.

We believe that PFACs, and all committees, should reflect the diversity of patients and families in our community. Please answer the following questions about your background.

9. Are you Hispanic, Latino/a, or of Spanish origin?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure
- ☐ Refuse to Answer

10. Which one or more of the following would you say is your race?

- | | | |
|---|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Japanese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Korean | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Don't know/ Not sure |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Refuse to Answer |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Native Hawaiian | |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or Chamorro | |

11. Which of the following best represents how you think of yourself?

- ☐ Lesbian or Gay
- ☐ Straight, that is, not gay
- ☐ Bisexual
- ☐ Asexual
- ☐ Something else
- ☐ I don't know the answer
- ☐ Refuse to Answer

12. What is your current gender?

- ☐ Male
- ☐ Female
- ☐ Gender nonconforming
- ☐ Transgender, male-to-female
- ☐ Transgender, female-to-male
- ☐ Other
- ☐ Don't know/Not sure
- ☐ Refuse to Answer

13. How old are you? _____ yrs

14. What language do you most commonly speak in the home?

- ☐ English
- ☐ Spanish
- ☐ English and Spanish equally
- ☐ Other, please specify _____

15. Are you applying for the English or Spanish-speaking PFAC?

- ☐ English
- ☐ Spanish

16. What is the highest level of education you have completed or the highest degree you have received?

- ☐ Less than high school
- ☐ Some high school
- ☐ High school diploma or GED
- ☐ Some college, but no degree
- ☐ Associate's degree
- ☐ College (such as B.A., B.S.)
- ☐ Some graduate school, but no degree
- ☐ Graduate school (such as M.S., M.D., Ph.D.)

17. I attest that the statements made in this application are true. (Type your name and today's date below)

Signature

Date