



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 Email: \_\_\_\_\_

Contact Person Fax: \_\_\_\_\_

## NOMINATION:

Name of Nominee: \_\_\_\_\_

Current Position: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email 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 engage 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 Paula A. Basta, Director, Illinois Department on Aging.

It can be emailed to [aging.sltcoprogram@illinois.gov](mailto:aging.sltcoprogram@illinois.gov) or mailed to: Illinois Department on Aging, One Natural Resources Way, Suite 100, Springfield, IL 62702-1271