

THCA FACILITY CONTACT INFORMATION

(To Be Completed by Administrator)

Facility Name:		
Facility Physical Address:		
Facility Mailing Address: <i>(if different from Physical Address, i.e. P. O. Box, etc.)</i>		
Facility Phone:	Facility Fax:	Facility Website:
Please list any Specialty care provided (i.e. Ventilator, Alzheimer's, etc.)		
ADMINISTRATION CONTACT INFORMATION		
Name of Administrator:	Administrator Business E-Mail:	Administrator Alternate Phone:
Name of D.O.N.:	D.O.N. Business E-Mail:	D.O.N. Alternate Phone:
LEGISLATIVE INFORMATION		
Would you be willing to help our efforts to represent providers at the State Capitol by (check all that apply):		
<input type="checkbox"/> Calling or writing your legislator or a statewide elected official		
<input type="checkbox"/> Inviting your legislator to visit your facility		
<input type="checkbox"/> Visiting your legislator at the Capitol		
<input type="checkbox"/> Testifying on LTC before a legislative committee		
<input type="checkbox"/> Advising THCA on legislative issues that impact facilities		
Do you personally know any member of the legislature or statewide elected official(s)? Please list:		
GENERAL INFORMATION		
List Three (3) Resources most needed/valuable to you:		
1.		
2.		
3.		
Do you receive the membership Monthly Newsletter, "THCA Notes"?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your preferred source of receiving updates from THCA (check all that apply):		
<input type="checkbox"/> E-Mail <input type="checkbox"/> Website <input type="checkbox"/> Membership Monthly Newsletter, "THCA NOTES"		
Are you interested in becoming more active as an advocate for LTC by joining a THCA Committee? If so, list areas of interest and/or expertise (example: regulatory, education, finance, government relations, etc.):		

Please Return this completed form to THCA via Mail, E-Mail or Fax as follows:

Mail: P. O. Box 4554, Austin, TX 78765 | **E-Mail:** gmuniz@txhca.org | **Fax:** (512) 467-9575