**Application for the Patient and Family Advisory Council (PFAC)**

*You may complete, print and mail this form or fill out and email to* **SSgt Alana Pool, *Alana.pool@us.af.mil*,**

**Name**

**Email Phone**

**Organization**

**Distance from the clinic:** 0 – 10 min 10 – 20 min 20 – 30 min

 More than 30 min

**Demographics** Single AD (no dep) Single AD w/dep Family Member

 Married AD (no dep) Married AD w/dep Caregiver

**How would you like to receive information about the PFPC?**

 Email Phone Text

**I or my family has used the following services at the 36 MDG:**

 Family Health / Flight Med / PRAP Clinic(s) Pediatric Clinic

 Pharmacy (Main or Bx) Dental Clinic

 Laboratory Referral Management

**I would like to serve as a PFPC member because**

**What areas of concern or suggestions for improvement do you have that you would like to see the PFPC discuss?**

**Please return completed form to: SSgt Alana Pool**

**Mailing Address:** SSgt Alana Pool

36th MDSS/SGSAL

Unit 14010 Bldg 26001

APO AP 96543