

AAHomecare's Story Bank

The AAHomecare Story Bank, AAHomecare is building a database documenting homecare stories from patients and providers. Stories about the experiences of people both providing and using homecare services help make difficult and complex policy issues understandable to a broader audience. Reporters and policymakers find the stories useful to better illustrate the everyday struggles that Americans face concerning homecare.

We are currently collecting stories, in particular, about clients benefiting from using homecare services, oxygen patients whose service would be significantly changed by less services, and group 3 power wheel chair beneficiaries. We will obtain permission from each consumer before releasing his/her story.

To learn more about our story bank please contact Tilly Gambill at 703-535-1896 or Michael Reinemer at 703-535-1881. We appreciate your support in helping us collect these valuable personal homecare stories.

If you would like to share your story, please do so below. Your story *can* make a difference.



Your Information:

Title (please circle one) Mr., Mrs., Ms., Miss., Dr.

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail address _____

Optional:

Age _____

Best Time to Reach You: _____

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CONSENT FORM

I give the American Association for Homecare (AAHomecare), a nonprofit trade association on behalf of the homecare industry, my permission to use the information concerning my experience as recipient of home based medical services and products. AAHomecare underscores the importance of the need to strengthen access to care for the millions of Americans who require medical care in their homes.

I grant to AAHomecare the rights to reproduce and disseminate this information for educational purposes through the Web site, www.aahomecare.org, in meetings with elected officials and journalists, and in written material. I understand that AAHomecare may request a photograph for later publications.

I waive the right to inspect and/or approve the written materials, which shall be consistent with this consent form. I understand that AAHomecare will provide me with a copy of the written material, in which my information is used.

Unless indicated below, I agree to allow the use of my name in the brochure and other materials provided to media, legislators, and general public as needed.

Name (PRINT): _____

Name of parent or legal guardian if under 18 (PRINT): _____

Signature: _____ Date: _____

I agree to allow you to use the information, but do not approve use of my name.

Signature: _____

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