

Family Caregiver Membership Information

Family Caregiver members are individuals who currently (or recently) have provided care to a loved one and who appreciate the benefits of membership and are in agreement with the mission, vision and initiatives of the coalition.



Member Benefits

- Opportunity to become involved with caregiving issues in a variety of ways:
 - Attend family caregiver events
 - Participate in the caregiver needs survey
 - Receive e-mails/mailings with pertinent information
 - Receive “Caregiving Counts” rewards
 - Share personal skills/resources
 - Peer support
 - Committee work
 - Advocacy
- Opportunity to shape family caregiving in your community while developing a broader knowledge of caregiving resources in the Sheboygan area.
- Annual networking social event to help you better connect with other local family and professional caregivers and others with an interest in family caregiving initiatives.

Mission

The mission of the Family Caregivers Coalition in Sheboygan County is to identify, recognize, support and enhance the role of those affected by caregiving through community outreach, education, peer support and shared resources in order to help family caregivers thrive.

Vision

The vision of the Family Caregivers Coalition in Sheboygan County is to be the well-known and utilized resource to empower the family caregiver.

Initiatives

1. To identify family caregivers in Sheboygan County
2. To assess the needs of family caregivers on an ongoing basis
3. To provide community resource information
4. To provide a variety of education and outreach activities

For further information, call the Family Caregivers Coalition in Sheboygan County contact at the Aging & Disability Resource Center at 467-4100 or toll-free at 1-800-596-1919. E-mail completed form to: mannykrm@co.sheboygan.wi.us
Or mail the completed membership form to:

Family Caregivers Coalition
c/o Sheboygan County Aging & Disability Resource Center
650 Forest Avenue, Sheboygan Falls, WI 53085

Family Caregiver Membership Application



Caregiver Name: _____ Date: _____

Address: _____

Telephone: (Work) _____ (Home) _____

E-mail: _____

How did you find out about the Family Caregivers Coalition?

Care recipient relationship: (check all that apply)

Spouse Parent Adult child Other _____

Care recipient condition: (check all that apply)

Alzheimer's disease or other related dementia Physical disability
 Developmental disability
 Other _____

Care recipient living situation: (check one)

Lives with me Lives in own apartment/home Lives in a care facility

Is there anything you would like to contribute to the Family Caregivers Coalition in Sheboygan County?

Committee work Peer mentoring Membership recruitment
 Other (describe below)

I would like to be added to the Family Caregiver e-mail/ mailing list to receive pertinent updates on resources, services, upcoming caregiver events, "Caregiving Counts" rewards and to participate in the caregiver needs survey.

Signature

Date