Board on Aging and Long Term Care Volunteer Ombudsman Program 1402 Pankratz Street, Suite # 111 Madison, WI 53704-4001 The Volunteer Ombudsman Program, established in 1994 by the Board on Aging and Long Term Care, strengthens the advocacy services provided by the Long Term Care Ombudsman Program to people living in designated nursing homes.





Wisconsin Board on Aging and Long Term Care 1402 Pankratz St., Suite 111 Madison, WI 53704-4001 1-800-815-0015 longtermcare.wi.gov boaltc@wisconsin.gov



Improving Lives One Visit at a Time

Long Term Care Volunteer Ombudsman Program **1-800-815-0015**

Language translation services available

Volunteer Ombudsmen will:

Promote and Protect the rights of people 60 years and older by making unannounced and focused weekly visits to an assigned nursing home.

- Receive training and support by Representatives of the Office of the Board on Aging and Long Term Care who are experts in resident rights advocacy
- Listen to and talk with residents who live in nursing homes
- Be the voice for residents who cannot speak for themselves
- Empower residents to speak up for themselves
- Observe general conditions and daily activities in the nursing home
- Meet and talk with newly admitted residents and their families
- Provide Board on Aging and Long Term Care materials and information to residents and their families
- Report to the Board on Aging and Long
 Term Care

How to become a Volunteer Ombudsman

- Pass a criminal background check
- · Attend the mandatory initial training
- Devote 2-3 hours per week visiting residents at assigned nursing home
- Commit to at least six months of volunteer service
- Attend continuing education trainings
- Adhere to the high quality of standards in the program

Quality Care Voice Listen Residents Rights Volunteer Ombudsman Smiles Dignity Advocate Respect Dedicated Empower

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Application

A Volunteer Ombudsman must have an abundance of Caring, Concern and Commitment to advocate for older persons.

Please return the completed form for more information.

Date:	
Name:	
Address:	
County:	
county.	
Phone Number:	
E-Mail:	
Best time to reach you:	
Day(s):	
Times:	
Messages can be left	on the
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agency toll free nu	mber