

Resident Council Minutes

Community Name _____ Date _____

Time Meeting Started _____ Were residents notified in advance of the meeting? Yes No

Residents in Attendance: _____

Staff in Attendance: _____

Others in Attendance: _____

Old Business

Issues from the last meeting (if any): _____

How are these issues being resolved? _____

New Business

Resident Comments/Concerns/Recommendations? _____

Review Each of the Areas Listed Below:

Activities/Transportation (Recommendations/Comments/Concerns) _____

Dietary (Recommendations/Comments/Concerns) _____

Nursing (Recommendations/Comments/Concerns) _____

Housekeeping/Laundry/Maintenance (Recommendations/Comments/Concerns) _____

Administration/Office (Recommendations/Comments/Concerns)) _____

Other Comments/Concerns/Recommendations _____

Resident Council President's Signature _____ Date _____

Minutes Completed by _____ Date _____

Executive Director Signature _____ Date _____