

Long-Term Care Ombudsman Program
UT Health Science Center at Houston, Center on Aging
6901 Bertner Avenue, SON 611, Houston, TX 77030
(713) 500-9931

VOLUNTEER OMBUDSMAN APPLICATION FORM

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work/Cell) _____

E-Mail: _____

Date of Birth: _____ Sex: Male Female

Emergency Contact: _____ Telephone: _____

Race/Ethnic Background:

Asian Black Hispanic Caucasian Native American Other

Do you speak any languages other than English: Yes No

If yes, which language(s): _____

Employment Status: Full Time P/T Retired Student

Education: High Sch./GED Some College/Tech Sch. College Degree Graduate Sch.

Occupation: _____

How did you learn about this program? _____

Training Preference (please check all that apply, preferences not guaranteed):

Time: Morning Afternoon Evening

Day: Monday Tuesday Wednesday Thursday Friday Saturday

Describe your experiences:

What hobbies, interests, and organizations are you involved in?

Have you ever had or still have a loved one in a nursing home?

Why would you like to be a volunteer ombudsman?

Volunteer Roles

Listed below are the opportunities that are also available to volunteer Ombudsmen. Please check the area(s) in which you are interested.

- Complaint Investigator** Visits residents and families in a facility, investigates complaints and Works towards problem resolution. 6-8 hours a month.
- Friendly Visitor** Visits residents and families in a facility, attends resident council meetings, seeks out new residents. 6-8 hours a month.
- Family Council Specialist** Assists staff ombudsman in developing and supporting family councils. 2-4 hours per month (generally weekends and evenings)
- Assisted Living Specialist** Assists staff ombudsman in developing and supporting programming. 2-4 hours per month (generally weekends and evenings)
- Trainer** Assists staff with orientation, training, and in-services to nursing home staff. Time commitment varies. Prerequisite: Function in any of the previous three roles for 6 months.
- Speakers Bureau** Community presentations on Ombudsman Program. Prerequisite: Function in any of the previous three roles for 6 months.
- Special Projects** Assist or design unique projects that would benefit residents or fellow Ombudsmen. Includes administrative support, newsletter assistance, facility projects, etc.

This volunteer position requires a criminal background check. By signing this form, you agree to allow the Department of Aging and Disability Services and/or UT Health Science Center at Houston to obtain this information.

Have you ever been convicted or pleaded guilty to a misdemeanor or felony? Yes No

Please supply any additional information that might be useful: _____

Signature-Applicant

Date

CONFLICT OF INTEREST

A conflict of interest may exist for a representative of the Regional Long-Term Ombudsman Program, paid or volunteer, or an immediate member of his or her family if there is:

1. Direct involvement in the licensing or certification of a long-term care facility.
 - a. A Texas Department of Human Services (TDHS) employee working in the licensing or certification division.
 - b. Consultants of nursing facilities (e.g. pharmacy, social work, physical therapy, etc.) that provide services to residents.
2. Ownership or investment in long-term care services or products.
 - a. Shares owned in a corporation which operates nursing facilities in Texas.
 - b. Products sold that are related to long-term care needs (i.e. long-term care insurance, etc.)
3. Employment by a long-term care facility, nursing home or assisted living facility.
4. Receipt of money from an owner or operator of a long-term care facility.
 - a. Lawn service, building agreement contractors, etc.
5. A family member who (will be considered on a case by case basis)
 - a. Resides in the assigned long-term care facility.
 - b. Recently passed away in a nursing or assisted living facility.



THE UNIVERSITY of TEXAS

HEALTH SCIENCE CENTER AT HOUSTON

SCHOOL OF NURSING

LONG-TERM CARE OMBUDSMAN PROGRAM
CENTER ON AGING

6901 Bertner Avenue
Houston, Texas 77030

713 500 9931
1 800 296 2606

LONG TERM CARE OMBUDSMAN PROGRAM

Statement of Confidentiality

I, _____ do hereby declare:

I will exercise good faith and every effort to maintain the confidentiality ethics mandated pursuant to the Older American Act, Section 307 et seq.; and the 40 Texas Administrative Code, chapter 260.

In adhering to the established procedures of the UT-Houston Center on Aging Ombudsman Program, I will maintain inviolate all confidences and information revealed to me through records, files and statements made through in person, telephonic and video conversation means. I further declare I will not disclose any information relating to any complaint or investigation made regarding the identities of complainants, witnesses, patients or residents unless such disclosure is authorized by the patient or resident or his or her conservator of the person or legal representative. No disclosures shall be made outside of the program without the consent of any named witnesses, resident, client, or complainant unless the disclosure is made without the identity of any of these individuals being disclosed.

The aforementioned confidentiality provisions may be subject to disclosure only at the discretion of the ombudsman having authority over the disposition of such files or where required by court order. Any information that would otherwise be subject to these confidentiality provisions may be disclosed if such information has been placed in a public record thereby precluding the need for confidentiality restrictions.

Date: _____

Name: _____

Long-Term Care Ombudsman Program
Consent for Criminal History Check

All representatives of the Office of the State Long-Term Care Ombudsman, both volunteers and staff, entering the Ombudsman Program must complete a criminal history check and have no barring criminal convictions.

Each applicant gives permission to the Department of Aging and Disability Services (DADS) Ombudsman Program to perform an initial criminal history check and periodic checks thereafter. All names ever used by the applicant must be disclosed.

I, _____, authorize the Long-Term Care Ombudsman Program
to request a criminal history check on me to serve as a:

Certified Ombudsman Staff Volunteer Friendly Visitor

Legal charges are pending against me: _____.

Every name I have ever used:

All current or previous license or certification: _____.

My birth date is _____.

My Texas Department of Public Safety (TDPS) driver's license or TDPS identification card number is _____.

An out-of-state license requires my Social Security number _____.

I certify the information listed above is correct.

Printed Name

Signature

Date

To be completed by the local Ombudsman Program:

I have examined the driver's license/ID card of this applicant and verify that the information listed above is correct.

Managing Local Ombudsman/Designee

Area Agency on Aging

Date