LETTER TO PROSPECTIVE VOLUNTEER OMBUDSMAN PROGRAM REPRESENTATIVE

Dear ______________,

Thank you for your interest in serving as a volunteer Long-Term Care Ombudsman program representative. Volunteer Ombudsman program representatives provide invaluable advocacy with and for residents in long-term care facilities in their local communities. You would join the over 7,000 designated volunteer Ombudsman program representatives that greatly enhance long-term care resident access to the Ombudsman program’s services across the country.

The Long-Term Care Ombudsman Program (LTCOP) was established in the Older Americans Act in 1978, following a demonstration project which began in 1972. Each state has a State Long-Term Care Ombudsman program and most states train and designate volunteers to carry out the duties of the program. Our agency, ________________, began its Ombudsman Program in __________ and our program supports ______ residents living in _______ nursing homes and _____ assisted living facilities, [add other settings as appropriate].

Ombudsman program representatives advocate with and for individuals residing in nursing homes, assisted living facilities, and other types of residential facilities. Volunteer Ombudsman program representatives receive training and support to visit residents at an assigned facility, provide information about their rights, assist them (upon their request) with their complaints, and submit reports reflecting their activities and case work. Our volunteers are expected to visit residents in their assigned facility __________.

After receiving and reviewing your application, background check, and conflict of interest form, we will contact you for an interview. Following a successful interview, you will be invited to attend initial certification training. Training includes _____ hours of training on topics such as the history and role of the Long-Term Care Ombudsman program, residents’ rights, effective communication skills, resident-directed advocacy, investigating and resolving complaints, and reporting requirements. Upon completion of these activities, the State Ombudsman will make the final decision on designating you as a representative of the Office of State Long-Term Care Ombudsman. For more information about our program visit our website _______________.

We look forward to having you as a valuable addition to our program. Please note that the process of becoming a volunteer may take some time but being an advocate for residents will be worth the investment.

Please contact us if you have any questions. _________________________ (phone, email)

Thank you for your interest.

Sincerely,