

# Media Release Form

I \_\_\_\_\_ authorize California Advocates for Nursing Home  
(Please Print First Name and Last Name)

Reform to release my name and phone number and/or email address to interested members of the media regarding the issues I have indicated below.

Phone: \_\_\_\_\_

Your County: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Yes  No  I currently have a litigation matter pending as a result of the problems at the facility. **(Note: If you have a litigation matter pending, absolutely be sure to consult with your attorney before speaking with the press.)**

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## Please check all that apply below.

1. Indicate the type of complaint or problem:

- Medi-Cal    Medi-Cal Recovery    Skilled Nursing Facility  
 Residential Care/Assisted Living    CCRC    Other

2. Briefly describe the issue or concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Name of Facility (if applicable): \_\_\_\_\_

4. Location of Skilled Nursing Facility/Residential Care Facility:

City: \_\_\_\_\_ County: \_\_\_\_\_

**Please return this form to:**  
CANHR Advocate Unit  
650 Harrison Street, 2nd Floor  
San Francisco, CA 94107