



Care Connection Directory Information

ESA's Care Connection was developed as a link to provide a network of services to ESA members, their families and communities. Please complete a form for each ESA member wishing to participate.

Name: _____ State Council: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

I am willing to act as a contact person for an ESA member, family member or friend relocating to my area.

I am willing to act as a contact person for an ESA member, family member of friend needing assistance while visiting my area.

I am willing to act as a contact person for an ESA member who has a family member of friend who lives in my area and may need assistance.

I have some experience and/or expertise in a situation that could be of benefit to an ESA member, her family or friends going through a difficult time.

Area of experience and/or expertise: _____

I would like the name and contact information of an ESA Care Connection member who could help me with the following:

Return to: IC Senior Past President