



## PEERS in Action

Patients Educating, Empowering  
Representing, Supporting

# PEERS in Action Program Sign-Up Form

PEERS In Action are individuals who are on dialysis or have had a kidney transplant. They volunteer at their dialysis clinic, working with staff to help improve the patient experience and share patient education. PEERS can also serve as peer mentors to fellow patients by sharing their experiences and providing support and encouragement. PEERS are role models in their clinic because of their positive outlook and their desire to learn as much about their kidney disease and treatment as they can to improve their quality of life.

Select Your State:  Illinois  Iowa  Kansas  Missouri  Nebraska

### Facility Information

Provider Number: \_\_\_\_\_ Provider Name: \_\_\_\_\_

### Facility Staff Coordinator (FSC)

Name: \_\_\_\_\_ Discipline: \_\_\_\_\_

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

### PEERS in Action

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

### How Often Do You Check Your Email?

- Daily  Rarely  
 Weekly  I don't have email

### What is your current modality?

- In-Center Hemodialysis  Peritoneal Dialysis  
 Home Dialysis  Transplant  
 Not Applicable

### What is your current dialysis schedule?

Dialysis Day:  M/W/F  T/Th/Sat

Dialysis Shift:  1st  2nd  3rd

### Are you on the transplant waitlist?

Yes  No

## Why are you interested in joining the PEERS in Action program?

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## Thank You For Your Application

Please read and confirm the following statements (all are required).

- I authorize Qsource ESRD Networks and my dialysis center (if applicable) to utilize my name and email address for specific PEERS communications.
- I further authorize Qsource ESRD Networks to use my name where necessary in PEERS meeting minutes and in listing PEERS members in reports to the Centers for Medicare & Medicaid Services (CMS) and other business documentation.

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

Fax or mail this completed form to your network.

ESRD Network 10 (IL)  
911 E. 86th Street, Suite 202  
Indianapolis, IN 46240  
Fax: 317-275-2088

ESRD Network 12 (IA, KS, MO, NE)  
920 Main, Suite 801  
Kansas City, MO 64105  
Fax: 816-880-9088

To file a grievance, patients may contact:

ESRD Network 10 (IL)  
911 E. 86th Street, Suite 202 | Indianapolis, IN 46240  
Toll-Free Patient Line: (800) 456-6919  
[ESRDNetwork10@qsource.org](mailto:ESRDNetwork10@qsource.org)

ESRD Network 12 (IA, KS, MO, NE)  
920 Main, Suite 801 | Kansas City, MO 64105  
Toll-Free Patient Line (800) 444-9965  
[ESRDNetwork12@qsource.org](mailto:ESRDNetwork12@qsource.org)



[ESRDNetwork10.org](http://ESRDNetwork10.org) | [ESRDNetwork12.org](http://ESRDNetwork12.org)

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