



Member Suggestion Form

Your voice shapes our shared future.

Member Name: _____

Contact (optional): _____

What service, support, or offering would you like MI Care to consider?

(This could be a need you've noticed, a ritual of care you'd love to see, or a gap not covered by government-funded-programs like CHP or CHSP.

Think creatively, practically, or poetically—your insight is a gift.)

What area does your suggestion relate to?

(You may tick more than one.)

- | | |
|--|---|
| <input type="checkbox"/> Community Connection & Belonging | <input type="checkbox"/> Creative or Ceremonial Offerings |
| <input type="checkbox"/> Practical Support (not covered by CHSP/CHP) | <input type="checkbox"/> Animal Companionship |
| <input type="checkbox"/> Eco-Stewardship or Sustainability | <input type="checkbox"/> End-of-Life or Legacy Support |
| | <input type="checkbox"/> Other: _____ |

Would you like to be contacted about this suggestion?

- Yes – I'm open to follow-up or co-creating this idea
- No – I offer this anonymously and with care

Thank you for contributing to MI Care's living archive of community wisdom.

Every suggestion is received with care and respect, and all care by