

PATH

Partners Advancing Transitions in Healthcare
A first *with* Ontario patients



THE CHANGE FOUNDATION
HEALTH CARE DESERVES OUR FINEST THOUGHT

PATH Partner Profile

Lead Organization

Name of Organization:

Address:

Contact Person's Name:

Position:

E-mail and Phone:

Brief Organizational Profile: (size, community served, organization type and mandate, web link)

Partner Organization (Complete one for each partner organization)

Name of Organization:

Address:

Contact Person's Name:

Position:

E-mail and Phone:

Brief Organizational Profile: (size, community served, organization type and mandate, web link)