



Send this form each month so we can build your next issue. Short is fine: skip any section you do not need. Use first names and last initials for staff. Do not include client health details. Anyone identifiable in a photo or story needs a signed TDC-FRM-703 permission on file. Fields marked * are required. Type directly into this PDF (Adobe Acrobat Reader, Preview or any form-capable PDF app) and save, or print and write clearly.

1 ACCOUNT AND ISSUE

Account key *	Office name *	Issue month *	Year	Vol / No (if known)
		(select)		
Submitted by *	Email *	Phone	Date	

2 OWNER / DIRECTOR MESSAGE

Message for this month (about 100–200 words)

3 CAREGIVER OF THE MONTH

First name and last initial	Time with the office	Photo	Permission (TDC-FRM-703) on file?
		☐ Attached ☐ None	☐ Yes ☐ No

Why they were chosen

4 STAFF SPOTLIGHT AND NEW TEAM MEMBERS

New caregivers and staff to welcome (first name, last initial, role)

5 BIRTHDAYS AND WORK ANNIVERSARIES staff only, with permission

First name, last initial	Celebration	Day of month	Detail (e.g. 5 years)
	(select)		
	(select)		
	(select)		
	(select)		
	(select)		



6 OFFICE NEWS AND ANNOUNCEMENTS

News to share

7 UPCOMING EVENTS AND IMPORTANT DATES

Date	Time	Event	Place or link

8 HIRING AND RECRUITING

Hiring this month?

☐ Yes ☐ No

Positions

How to apply (phone or web address)

9 CARE TIP OR EDUCATION TOPIC

Pick a topic

(select)

Notes or your own tip

10 THANK-YOUS AND RECOGNITION

Thank-you notes or praise to share (with permission; no health details)

11 PHOTOS AND ATTACHMENTS

☐ Photos attached

☐ Flyer or event graphic attached

☐ Updated logo attached

☐ TDC-FRM-703 on file for every identifiable person

Photo captions (file name: caption)



12 THEME CHANGE REQUEST +\$10.00 one-time per change request

☐ Yes, change this month's theme (+\$10.00 one-time for this change request).

Default edition this month

(select)

Requested theme or idea (colors, occasion, mood)

13 MISCELLANEOUS COMMENTS up to 1,000 characters

Comments for the editor (maximum 1,000 characters)

APPROVAL

Send the proof to

☐ Me ☐ Primary contact ☐ Both

Needed by (if earlier than usual)

☐ Everyone named or shown has given permission, and nothing here includes client health details. *

SUBMITTED BY

Printed name *

Typed signature (type your full name) *

Date *

X

If printed: sign here by hand in ink

A typed signature is used when this form is completed electronically and the signer intends it as their signature. Your agency or attorney may require a handwritten or verified e-signature.

OFFICE USE ONLY

Update received

☐ Theme fee logged in CRM

Proof sent

Live

How to return this form. Email the completed form to hello@thedovecircle.com (cc messenger@thedovecircle.com) or use the matching form at thedovecircle.com. Save the returned form in the account folder 02_Monthly_Updates/YYYY-MM.