



110 Barnes Road, Wallingford, CT 06492

Telephone (203) 678-4477

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[www.leadingagect.org](http://www.leadingagect.org)

**Life Plan Community (CCRC) Subscription APPLICATION**

**General Information**

Name of Life Plan Community/CCRC: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Main Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website: \_\_\_\_\_

General e-mail address: \_\_\_\_\_

Executive Director's Name: \_\_\_\_\_ e-mail address: \_\_\_\_\_

***Note: Your executive director's listing in LeadingAge Connecticut's Directory will read as printed above. If you wish the listing to read differently, please attach a separate sheet of paper with that information.***

Ownership: Please mark the appropriate category.

☐ Proprietorship      ☐ In-State Proprietary Corporation      ☐ Multi-State Proprietary Corporation

☐ Publicly Traded Corporation      ☐ other \_\_\_\_\_

Name of Owner (Individual/Organization): \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Campus Description and Services Offered**

**Please complete the information requested below for your life plan community/CCRC:**

Number of Independent Units \_\_\_\_\_

Number of Nursing Facility Beds \_\_\_\_\_

Do you have a Home Health Care Agency? Yes/No

Do you have a Homemaker/Companion Agency? Yes/No

Life Plan Community at Home product? Yes/No

Please describe other community services offered within your community, as well as to the larger community.

For example, adult day services, outreach services, or geriatric clinics.

\_\_\_\_\_  
\_\_\_\_\_

**If applicable, please provide the following information that will help us serve your community:**

Nursing Home Administrator: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Director of Nursing: \_\_\_\_\_ e-mail: \_\_\_\_\_  
SALSA: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Home Health Agency Director: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Director of Rehabilitation Services: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Medical Director: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Director of Building Maintenance: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Director of Housekeeping: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Director of Finance: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Director of Human Resources: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Director of Recreation: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Director of Resident Services: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Director of Social Work: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Director of Food Service: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Director of Marketing: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Other(s): \_\_\_\_\_ e-mail: \_\_\_\_\_

**Please do not submit a check with this application.**

LeadingAge Connecticut will forward an invoice upon approval and processing of your subscription application.

Thank you for your interest in subscribing to LeadingAge Connecticut. We look forward to working with you.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return your completed application by mail, e-mail or fax to:**

**LeadingAge Connecticut**

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[LeadingAgeCT@LeadingAgeCT.org](mailto:LeadingAgeCT@LeadingAgeCT.org)

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