



110 Barnes Road, Wallingford, CT 06492

Telephone (203) 678-4477

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www.leadingagect.org

Skilled Nursing Subscription APPLICATION

General Information

Name of Skilled Nursing Facility: _____

Address: _____

City, State, Zip: _____

Main Telephone Number: _____ Fax Number: _____

Website: _____

General e-mail address: _____

Administrator'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 organization:

Number of Skilled Nursing Beds _____

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

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

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

Director of Nursing: _____ 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.

Please note: LeadingAge Connecticut's subscriber level participation requires enrollment of all skilled nursing facilities located in Connecticut that are held under one ownership.

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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