

LeadingAge Connecticut & Rhode Island Assisted Living Community Subscription Application

LeadingAge Connecticut & Rhode Island offers an annual subscription for proprietary assisted living providers that do not fall within the traditional nonprofit membership category. Subscription benefits include networking opportunities, advocacy updates, business intelligence and educational resources.

General Information: Please provide the following information:

Name of Assisted Living Provider: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

Public e-mail address: _____

Executive Director: _____ Email: _____

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 assisted living organization:

Number of Assisted Living Units: _____

Please describe any services offered within your community, as well as to the larger community. For example, outreach services, or geriatric clinics.

Primary Facility Contacts: If applicable, please provide the following information:

Director of Nursing: _____ E-mail: _____

Director of Rehabilitation Services: _____ E-mail: _____

Wellness 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 & Rhode Island will forward an invoice upon approval and processing of your subscription application.

Thank you for your interest in subscribing to LeadingAge Connecticut & Rhode Island. 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 & Rhode Island
110 Barnes Road, Wallingford, CT 06492
Telephone (203) 678-4477, Fax (203) 678-4650
LeadingAgeCTRL@LeadingAgeCTRL.org
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