

LeadingAge Connecticut & Rhode Island Community Based Subscription Application

This application is for providers who provide Home and Community Based Services in Connecticut and Rhode Island.

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: _____

Services Offered:

Please provide a brief description of all community services offered:

Do you have any affiliated businesses? If so, please list below:

Primary Contacts:

Please provide the following information: for your key staff members:

Name: _____ Title: _____

Email: _____

Name: _____ Title: _____

Email: _____

Name: _____ Title: _____

Email: _____

Name: _____ Title: _____

Email: _____

Name: _____ Title: _____

Email: _____

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
www.leadingagectri.org