

## LeadingAge Connecticut & Rhode Island Skilled Nursing Subscription Application

LeadingAge Connecticut & Rhode Island offers an annual subscription for proprietary skilled nursing facilities that do not fall within the traditional nonprofit membership category. Subscription benefits include access to advocacy support, regulatory and policy updates, business intelligence tools and educational programming.

### General Information: Please provide the following information:

Name of Skilled Nursing Community: \_\_\_\_\_

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

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

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

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

Public e-mail address: \_\_\_\_\_

Administrator's Name: \_\_\_\_\_ Email: \_\_\_\_\_

*Note: Your administrator's listing in LeadingAge Connecticut & Rhode Island'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 services offered within your community, as well as to the larger community. For example, outreach services, or geriatric clinics.

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**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  
[LeadingAgeCTRI@LeadingAgeCTRI.org](mailto:LeadingAgeCTRI@LeadingAgeCTRI.org)  
[www.leadingagectri.org](http://www.leadingagectri.org)