



**FACILITY MEMBERSHIP APPLICATION**

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Website Address \_\_\_\_\_

Primary Contact Person & Title \_\_\_\_\_

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

Check Type of Sponsorship

Community \_\_\_\_\_

Fraternal \_\_\_\_\_

Private \_\_\_\_\_

Religious \_\_\_\_\_

Governmental \_\_\_\_\_

(please note denomination) \_\_\_\_\_

Corporate Sponsor, if any \_\_\_\_\_

Management Company, if any \_\_\_\_\_

Note # of licensed beds/units (include all that apply)

\_\_\_\_\_ Assisted Living

\_\_\_\_\_ Nursing Home

\_\_\_\_\_ Class C Boarding Home

\_\_\_\_\_ Residential Health Care

\_\_\_\_\_ Comprehensive Personal Care

\_\_\_\_\_ Subsidized Housing

\_\_\_\_\_ Independent Housing

Note # of Medicaid/Medicare beds \_\_\_\_\_ Medicaid \_\_\_\_\_ Medicare

Is your facility under development? Yes No

If yes, estimated date of completion \_\_\_\_\_

Is your facility a continuing care retirement community? Yes No

Please note the year your facility opened: \_\_\_\_\_

If facility is federally funded, specify source (e.g. Section 202, 236) \_\_\_\_\_

**The facility hereby agrees to operate within the attached code of ethics**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name & Title \_\_\_\_\_

**Return the signed application with a copy of your facility's nonprofit tax classification – 501 © 3; and a copy of either your most recent IRS Form 990, Audited Financial Statement, or Facility Cost Medicaid Report**

**to: LeadingAge New Jersey, 13 Roszel Road, Suite C-200, Princeton, NJ 08540 – Attn: Michele M. Kent**