



New Jersey Association of Homes and Services for the Aging
 13 Roszel Road, Suite C200
 Princeton, NJ 08540
 609-452-1161
 (fax) 609-452-2907
 www.njahsa.org

FACILITY MEMBERSHIP APPLICATION

Facility Name _____

Address _____

Phone #	Fax #	Website Address
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Primary Contact Person & Title	Email Address:
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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	Print Name & Title	Date
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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: NJAHSA, 13 Roszel Road, Suite C-200, Princeton, NJ 08540 – Attn: Michele Guhl