

ARIZONA ALFA

Assisted Living Provider Membership Application

Assisted Living Community/or Home: _____

Address: _____ City _____ St: _____ Zip: _____

County: _____ Phone: _____ Fax: _____

Email: _____ Website: _____

U.S. Congressional District#: _____ AZ Legislative District#: _____

Referred By: _____

CEO and/or Manager (Main Point of Contact)

Name: _____ Title: _____

Address (if different) _____

Phone (if different): _____ Fax (if different): _____ Email (if different): _____

Billing Contact (if different from main contact above)

Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Is billing contact for a multiple campus facility/corporation? Yes No

Name of Corporation: _____

Community Composition

Total Employees _____ FT _____ PT

Total # of Assisted Living Licensed Beds: _____

Level of Care: _____ Supervisory _____ Personal _____ Directed Accept ALTCS? _____ Yes _____ No

Is the community under development/construction? _____ Yes _____ No

Begin Date: _____ Est. End Date: _____

Dues payments to Arizona ALFA are not tax deductible as charitable contributions for federal income tax purposes. Contributions or gifts to Arizona ALFA may be tax-deductible as ordinary and necessary business expenses (25% of dues fee is non-deductible as lobbying expenses).

Membership Fee for Licensed Homes and Centers:

License: 11 Beds or more = \$26 per bed \$ _____

Remittance:

Check enclosed (payable to Arizona ALFA)____ Master Card ____ Visa____

Card Number	Expiration Date	CVV#
Billing Address/Zip Code for Card		Card Holder Name

Return application with payment to: Arizona ALFA (address and fax in document header)

Dues will not include membership to National ALFA. Interested in joining National ALFA? Contact them at 703/691-8100 or visit their website at www.alfa.org



Arizona ALFA Membership Guidelines

Each member subscribes to the following guidelines as set forth by the Arizona ALFA organization...

- *The member maintains Worker Compensation as required by law;*
- *The member maintains professional liability insurance;*
- *The member follows a non-discrimination policy in the hiring of employees and the admission of residents as required by law.*

As required by Arizona State Statute and Rules...

- *The member subscribes to continuing education and training of its employees to better serve residents;*
- *The member conducts employment reference checks on its employees prior to employment;*
- *The member will ensure that each direct care employee is properly fingerprinted;*
- *The member will create a written service plan for each resident stating the level of care to be provided;*
- *The member operates the home/center in a fiscally responsible manner;*
- *The property maintains and displays a valid operating license issued from the Office of Assisted Living Licensure, Department of Health Services, and State of Arizona.*

I certify that my home/center is in compliance with the Membership Guidelines as prescribed above and that I wish to be accepted for membership in Arizona ALFA.

X _____
Chief Executive Officer's or Manager's Signature

Date