



## Diamond Accreditation Program: Community Enrollment Application

Please complete one application form for each participating community.

ORGANIZATIONAL PROFILE			
Date of Application	Corporate Name	Date License Issued	
Facility Name as listed on the BAL website*		BAL License Number	Licensed Occupancy
Facility Mailing Address – Street		City	ZIP Code County
Facility Location - Street (only if different than above)		City	ZIP Code County
Licensure Type (AFH, CBRF, RCAC)		CBRF Class Description	RCAC Registered or Certified?
Primary Client Group		Secondary Client Group	
Does this facility have access to an RN (staff, contracted, corporate, etc)?		Current Occupancy	

FACILITY CONTACT INFORMATION	
Administrator's Name	
Phone Number	Email Address
Facility Quality Contact Person (if different than listed above)	
Phone Number	Email Address



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DAP PROGRAM REQUIREMENTS	
Are you a current WALA member?	Yes No
Do you have access to a computer and have internet access?	Yes No
Do you have a copy of your most recent State Survey Results?	Yes No
Do you have a Quality Assurance Program currently in place?	Yes No
What are your main objectives for participating in the Diamond Accreditation Program?	

STATEMENT OF COMPLIANCE
Please circle one of the following statements: <ul style="list-style-type: none"> <li>• My assisted living community is in compliance with state regulations that are required by my license type.</li> <li>• My assisted living community needs assistance with achieving compliance of state regulations that are required by my license type.</li> </ul>
Print name and title of person authorized to represent this application:
Signature <span style="float: right;">Date</span>

PAYMENT INFORMATION
<b><u>Diamond Program Annual Fee:</u></b>
3-8 Beds: \$100
9-30 Beds: \$125
31-60 Beds: \$150
61+ Beds: \$200
<b>Payment Enclosed:</b>
<ul style="list-style-type: none"> <li>• Check</li> <li>• Credit Card</li> </ul>
Card Number: _____
Exp. Date: _____ CVV: _____
Cardholder's Name: _____ . Billing Zip Code: _____

**Return Application and Payment to:**

E-mail: [info@ewala.org](mailto:info@ewala.org)

WALA –Wisconsin Assisted Living Association, P.O. Box 7730, Madison, WI 53707-7730

Fax: (608) 288-0734