



**COMMUNITY MEMBERSHIP APPLICATION**  
 AFFORDABLE HOUSING, ASSISTED LIVING, INDEPENDENT LIVING, CCRC, NURSING HOME, AND HCBS PROVIDERS  
*Serving Members Since 1963*

COMMUNITY NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WEBSITE: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

U.S. Congressional District: \_\_\_\_\_ FL Senate District: \_\_\_\_\_ FL House District: \_\_\_\_\_ County: \_\_\_\_\_

**FINANCIAL INFORMATION**

**Program Service Revenue (PSR)**

From Line 9 of IRS Form 990; or Line (1)(c) of IRS Form 1120, 1120S or 1065;  
 or From a Certified Financial Statement

**Program Service Revenue Definition:** Program service revenue from aging services would be (but not limited to) revenue from nursing care, assisted living, independent living units, adult day care, home health care, transportation, outpatient services, meals on wheels, hospice and community based services. It would exclude interest, investments, realized and unrealized gains or losses, special events and activities, contributions and any other services unrelated to LeadingAge’s mission.

**ORGANIZATION INFORMATION**

**Employee Contact Information:**

Please provide contact information below for the employees at your community that you would like to participate in educational sessions, advocacy events and inclusion in our communication distributions. This information will be used to create individual profiles for each employee listed, and also for networking opportunities targeted to specific disciplines and areas (i.e. Nursing), in particular.

Employee Name	Title	Email Address	Phone(s)	Licenses

Service Type	Number of Beds/Units
Affordable Housing	
Assisted Living	
Independent Living	
Nursing Home	

Subsidiary Community within Main Campus (check if yes)	
Licensed Assisted Living?	<input type="checkbox"/>
Licensed Nursing Home?	<input type="checkbox"/>
Do you offer Continuing Care Contracts?	<input type="checkbox"/>
Total Number of Employees:	_____

**If these services are provided at your community, please mark with "X" for yes**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Adult Day Care         | <input type="checkbox"/> Massage Therapy/Spa  | <input type="checkbox"/> Respite Care          |
| <input type="checkbox"/> Alzheimer's Care       | <input type="checkbox"/> Meals on Wheels      | <input type="checkbox"/> Service Coordination  |
| <input type="checkbox"/> Audiology              | <input type="checkbox"/> Memory Care          | <input type="checkbox"/> Speech Therapy        |
| <input type="checkbox"/> Counseling             | <input type="checkbox"/> Nutritional Guidance | <input type="checkbox"/> Therapeutic Spa       |
| <input type="checkbox"/> Congregate Meals       | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Transportation Escort |
| <input type="checkbox"/> Dialysis               | <input type="checkbox"/> Personal Services    | <input type="checkbox"/> Ventilator Care       |
| <input type="checkbox"/> HIV Care               | <input type="checkbox"/> Pet Therapy          | <input type="checkbox"/> Water Therapy         |
| <input type="checkbox"/> Home Health            | <input type="checkbox"/> Psychiatric          | <input type="checkbox"/> Weight Training       |
| <input type="checkbox"/> Homemaker              | <input type="checkbox"/> Physical Therapy     | <input type="checkbox"/> Yoga                  |
| <input type="checkbox"/> Hospice Care           | <input type="checkbox"/> Recreation Therapy   |  |
| <input type="checkbox"/> Information & Referral | <input type="checkbox"/> Religious Counseling |  |

Please list any services offered not included in the above table (i.e. Behavioral Management, Drug/Alcohol Dependency, Class I and above obesity accommodations)

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\_\_\_\_\_

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Waiver Participation:	Yes
Limited Nursing	<input type="checkbox"/>
Extended Congregate Care	<input type="checkbox"/>

Assisted Living Specialty License:	Yes
Home and Community-Based Services	<input type="checkbox"/>

Accreditations:	Yes
CARF-CCAC	<input type="checkbox"/>
Gold Seal	<input type="checkbox"/>
JCAHO	<input type="checkbox"/>
NCQA	<input type="checkbox"/>

Please note in an effort to be PCI compliant, LeadingAge Florida cannot accept faxed or emailed membership applications with credit card numbers. Please mail this form with payment. If you would like to pay by credit card, please call Magdalen Flynt at (850) 671-3700. If you have any questions or need help calculating dues for your application, please contact Steve Bahmer, (850) 671-3700.

**PLEASE COMPLETE THIS APPLICATION AND RETURN TO:**

LeadingAge Florida • 1812 Riggins Road • Tallahassee, Florida 32308 • (850) 671-3700 • Fax (850) 671-3790  
 Magdalen Flynt at: [mflynt@LeadingAgeFlorida.org](mailto:mflynt@LeadingAgeFlorida.org)

Date Application Received: \_\_\_\_\_ Initials: \_\_\_\_\_