



Assisted Living Homes Organization

"Making A difference in your Community"

MEMBERSHIP Application 2019 - 2020

Membership Fee: **\$250.00**

() Owner/Licensee () Facility Manager () Administrator () _____

Contact Name:
Mobile Phone: Work phone: Fax:
Email:
Website (if any): https://

Facility Name: _____
DBA _____
Address: _____
Major Cross Streets _____
Other Locations:
2) _____
3) _____
4) _____
License for: () Directed Care () Behavioral Care () Supervisory () Personal () Foster Care

Do you take ALTCS : () United Health Plan () Mercy Care. () Banner University () Pinal () Others: _____
Do you take ALTCS Pending? Yes No
Do you have Awake staff? Yes No

Licensed # of Beds:

Location 1 _____ Female beds _____ Male Beds _____ Both _____

Location 2 _____ Female beds _____ Male Beds _____ Both _____

Location 3 _____ Female beds _____ Male Beds _____ Both _____

Location 4 _____ Female beds _____ Male Beds _____ Both _____

Room Rate: Private Room \$ _____ Semi Private Room \$ _____ Master BR \$ _____

Specialization: () Elderly () Young Adults () TBI () Others: _____

Will you assess prospective residents? _____

What are your preferred time for admission? AM _____ PM _____

Print Name: _____ Signature: _____ Date __/__/__