

# Provider Member Application

**Assisted Living Community Name** \_\_\_\_\_

Contact Person/Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

## Key Staff

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Total Number Assisted Living: \_\_\_\_\_ units How many of those are licensed? \_\_\_\_\_

**Parent Company Name** \_\_\_\_\_

Parent Company Contact \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

## State of Indiana Legislative Information (if known)

Indiana State Legislative Districts of the facility: \_\_\_\_\_ House # \_\_\_\_\_ Senate # \_\_\_\_\_

State Senator \_\_\_\_\_ State Representative \_\_\_\_\_

## Dues

**Before March 1<sup>st</sup>, Dues = Total number of units x \$22      After March 1<sup>st</sup>, \$25 per unit.**

- New members receive two free passes to an INALA educational event during the first year of membership. (\$200 Value!)
- A Provider Member is an assisted living community. In Indiana this includes licensed Residential Care Facilities and/or simply Housing with Services Establishments.
- Dues may accompany this application or an invoice may be requested.
- The membership term is January 1 to December 31.
- Please complete one form for each community owned or operated in Indiana.

**Checks are payable to:**      **Indiana Assisted Living Association**  
**PO Box 68829**  
**Indianapolis, IN 46268**

**If you have any questions, contact INALA at 317-733-2390. We thank you!**



*Please fill out all necessary information below to be added to the member/community list on the INALA Website.*

*This form also includes an amenities list. Please select the amenities your community/facility offers. Completing this in full will allow us to provide potential residents with the opportunity to find a community that best fits their needs based on search criteria i.e.; amenities and location.*

## **Assisted Living Community Information Form: INALA Website**

Facility Name: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
\*Generic email recommended: sales@yourfacility.org

Website \_\_\_\_\_

Description of Facility Personality ~300 character limit

*Example: When our residents describe Senior Living Place X they most often describe vibrant, active and resident-focused. Our residents have much input in deciding what our clubs, outings, and activities will be. Our dining hall is set so that residents can order from a menu and invite friends/family, just as if they were in a restaurant.*

Resident Testimonial (Optional) ~200 word limit

Q: How does <insert facility name> make you feel at home?

A: " " --First Name and Initial of Last Name

Provide up to 4 photographs. Examples include:

- Exterior
- Housing Units
- Dining Hall
- Common Areas

IMPORTANT: Communities are responsible for all necessary permissions of photographs.

## Community Amenities List

*Please check all amenities your community/facility offers.*

### **Activities**

- Brain Fitness
- Exercise/Wellness Programs/Classes
- Field Trips
- Grief counselling and support
- Other

### **Care Services**

- 24 Hour Nursing
- Emergency Response System
- Handyman Service
- Housekeeping
- Laundry
- Medication Management
- Memory Care
- Physical Therapy
- Pool/Aquatic Therapy
- Respite

### **Dining**

- All-Day Dining
- Menu Choices
- Kosher
- Vegetarian Options
- Meal Delivery to Rooms

### **Features**

- Activities space
- Art Studio
- Ballroom/Party space
- Bistro/Coffee Shop
- Computer room
- Electronic Locks
- Game Room
- Garden/ Outside Patio
- Gym/Fitness Room
- Library
- Movie Theater
- Music Room
- Newsletter
- On-Site Chapel
- Personal Fitness Trainers
- Pool
- Private Dining Room
- Pub
- Salon/Spa
- Storage Units



- TV Room

### **Financial Guidance**

- Help with selling the house (finding a realtor, staging, etc.)
- Help families understand VA benefits
- Help families explore other financial options to afford senior living
- Financial Aid Offered

### **Guest Services**

- Guests can attend meals
- Guests can stay overnight
- Guest Suites

### **Language**

- Spanish
- Other

### **License/Registration**

- State of Indiana

### **Memory Care**

- Memory Boxes or Story Boards
- Purpose Built Community
- Secure Memory Care Unit
- Sensory Programming
- Wander Guard
- Way Finding Cues

### **Not for Profit vs. For Profit**

- Not for Profit
- For Profit

### **Pet Friendly**

- Cats
- Dogs



- Pet Care Offered

#### **Resident Clubs**

- Book Club
- Card Club
- Food Advisory Council
- Gardening
- Men's Group
- Red Hat
- Resident Council
- Veteran's Club
- Walking club

#### **Technology/Entertainment**

- Emergency call systems in rooms
- Wi-fi common areas
- Wi-fi in apartments

#### **Transportation / Parking**

- Shuttle Bus

#### **Type of Housing Units**

- 1 Bedroom Apartments
- 2 Bedroom Apartments
- Companion Suites
- In-Room Kitchenettes
- Studio Apartments