

Vermont Health Care Association  
617 Comstock Road Suite 8 Berlin, VT 05602  
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Residential Care Home  
Member Application and Information Sheet – 2007

Facility Name \_\_\_\_\_  
Address \_\_\_\_\_

Telephone \_\_\_\_\_  
Fax Number \_\_\_\_\_

VHCA Designated Voting Representative: \_\_\_\_\_

Owner/Affiliation \_\_\_\_\_  
Address \_\_\_\_\_

Web Site: \_\_\_\_\_

Tax status:  for profit  not for profit  hospital based

Year established \_\_\_\_\_ **Number currently on staff (all departments)** \_\_\_\_\_

Residential Care Beds: \_\_\_\_\_ (level 3) \_\_\_\_\_ (level 4)

ERC Medicaid Waiver  VA Approved  ACCS Certified  
 Accept SSI

Rates for Private Pay as of 11/1/06: private room \_\_\_\_\_ semi-private \_\_\_\_\_

Services provided (please check all that apply and list any additional services):

Alzheimer or other Dementia  Hospice Program  Palliative Care  
 Wheelchair Equipped Van  Security Alert System  Respite Care

Other services:

**Department Heads**

Manager \_\_\_\_\_ email \_\_\_\_\_  
Head Nurse \_\_\_\_\_ email \_\_\_\_\_

Please list on the back of this form educational programs you would like to see offered in 2007.