

Vermont Health Care Association  
PO Box 397, South Barre, VT 05670  
802-229-5700 (voice) [sburnham@vhca.net](mailto:sburnham@vhca.net)

Assisted Living/Residential Care Home  
Member Application and Information Sheet

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

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 \_\_\_\_\_

Activity Director \_\_\_\_\_ email \_\_\_\_\_

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

*Please accept this as our completed application for VHCA Membership.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail or fax completed and signed application by to:

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