

Vermont Health Care Association
PO Box 397, S. Barre, VT 05670
802-229-5700 (voice) sburnham@vhca.net

Nursing Home
Member Application and Information Sheet

Facility Name _____
Address _____

Telephone _____
Fax Number _____

Federal Medicare Provider 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)** _____

Nursing Facility Beds: _____ (level 1) _____ (level 2)

Residential Care Beds: _____ (level 3) _____ (level 4)

- | | | |
|---|---|---|
| <input type="checkbox"/> Medicare Certified | <input type="checkbox"/> Medicaid Certified | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> JCAHO Accredited | <input type="checkbox"/> Veterans Care | <input type="checkbox"/> Short Term Rehab |
| <input type="checkbox"/> Independent Living | <input type="checkbox"/> Memory Care | <input type="checkbox"/> Respite |

Department Heads

Administrator	_____	email _____
Director of Nursing	_____	email _____
Activity Director	_____	email _____
Dietary Director	_____	email _____
Social Services Dir.	_____	email _____
Maintenance Director	_____	email _____
MDS Coordinator	_____	email _____
Medical Director	_____	email _____

Please accept this as our completed application for VHCA Membership.

Signature

Date

Mail or fax completed and signed application to:

**Vermont Health Care Association
PO Box 397, S. Barre, VT 05670**