



## Senior Housing Partner Application - Single Community Application

Community Name: \_\_\_\_\_

Community Address: \_\_\_\_\_

Community Telephone Number: \_\_\_\_\_

### Community Licensure Information:

Community Licensed as: \_\_\_\_\_ License Number: \_\_\_\_\_

Licensing Authority: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### Community Contact Information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Direct Line (if applicable): \_\_\_\_\_ Email Address: \_\_\_\_\_

Community Website address: \_\_\_\_\_

### Parent Company Information:

Parent Company: *(Company that manages and/or owns the community)*

Parent Company Address: \_\_\_\_\_

### Parent Company Contact Information:

*(primary person who is responsible for oversight of the community at the regional/corporate level)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_



## Senior Housing Partner Application - Company Application

Parent Company: \_\_\_\_\_  
(Company that manages and/or owns the community)

Parent Company Address: \_\_\_\_\_

### Parent Company Contact Information:

(primary person who is responsible for oversight of the community at the regional/corporate level)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### List all Communities and States to be added as a Network Provider:

**Community Name:** \_\_\_\_\_

Community Address: \_\_\_\_\_

Community Licensed as: \_\_\_\_\_ License Number: \_\_\_\_\_

Licensing Authority: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Community Name:** \_\_\_\_\_

Community Address: \_\_\_\_\_

Community Licensed as: \_\_\_\_\_ License Number: \_\_\_\_\_

Licensing Authority: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Community Name:** \_\_\_\_\_

Community Address: \_\_\_\_\_

Community Licensed as: \_\_\_\_\_ License Number: \_\_\_\_\_

Licensing Authority: \_\_\_\_\_ Contact Number: \_\_\_\_\_



**List all Communities and States to be added as a Network Provider:**

**Community Name:** \_\_\_\_\_

Community Address: \_\_\_\_\_

Community Licensed as: \_\_\_\_\_ License Number: \_\_\_\_\_

Licensing Authority: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Community Name:** \_\_\_\_\_

Community Address: \_\_\_\_\_

Community Licensed as: \_\_\_\_\_ License Number: \_\_\_\_\_

Licensing Authority: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Community Name:** \_\_\_\_\_

Community Address: \_\_\_\_\_

Community Licensed as: \_\_\_\_\_ License Number: \_\_\_\_\_

Licensing Authority: \_\_\_\_\_ Contact Number: \_\_\_\_\_ -

**Community Name:** \_\_\_\_\_

Community Address: \_\_\_\_\_

Community Licensed as: \_\_\_\_\_ License Number: \_\_\_\_\_

Licensing Authority: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Community Name:** \_\_\_\_\_

Community Address: \_\_\_\_\_

Community Licensed as: \_\_\_\_\_ License Number: \_\_\_\_\_

Licensing Authority: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Attach additional sheets if you own or manage more communities.

*Thank You. We look forward to being a helpful resource to you, your communities and your seniors.*