

MEMBERSHIP APPLICATION

Alvarado Parkway Institute (API) values the role board and care, independent living, and sober living housing plays in providing safe, clean, and affordable housing for our patient population.

By joining our **Preferred Housing Partnership (PHP)**, you will receive partner benefits such as first notice of continuing education credits, invitation to our quarterly Housing Matters Summits, the opportunity to be a part of our Housing Advisory Committee, professional development speaker series and round table discussions, and a beneficial partnership with a trusted, fast growing Behavioral Health System.

To become a member, you are required to:

- ✓ Complete the Membership Application
- ✓ Agree to adhere to the Quality Standards defined by the Independent Living Association (ILA)
- ✓ Pass a home inspection conducted by our Outreach Team to ensure adherence to Quality Standards.

Once a member, you are required to:

- ✓ Complete an annual member survey.
- ✓ Update the membership list as needed and respond to verification inquiries within 30 days
- ✓ Notify API of any changes in ownership, licensing status, addresses, email, and/or telephone numbers within 30 days
- ✓ Promptly respond to any and all complaints forwarded by API and make a good faith effort to resolve all such complaints. Eliminate the underlying cause of any patterns of customer complaints that API may call to the member's attention.
- ✓ Refrain from using our name/logo without permission

Violation of membership requirements will be evaluated by leadership and may be grounds for termination of membership.

Preferred Housing Partnership membership is voluntary. By signing below I confirm that I have read, understood, and will comply with all of the terms set forth by API for the purpose of gaining and maintaining membership in their Preferred Housing Partnership.

ILA'S QUALITY STANDARDS

1. Clean, safe and well maintained housing;
2. A clear statement of policies is made available to residents and clearly explained prior to lease signing;
3. Clear grievance procedures and opportunities for residents to positively influence their environment and remove unhealthy influences;
4. An environment that respects the privacy of the residents;
5. An environment free of any type of abuse or discrimination that requires all residents to be treated with dignity, consideration and respect at all times;
6. Concerned and competent Owners/ Resident Assistants;
7. Clearly outlined amenities that are consistently and fairly made available to all residents;
8. A resident focused living environment.

SIGNATURE - TYPE NAME & CHECK BOX BELOW

DATE

By checking this box, I am acknowledging that my typed name in the space above is intended to be my signature.

because you matter!

Completion of this application does not constitute membership. Please see the Membership Requirements for details.

Owner's Name: _____

Owner's Address: _____

City: _____ Zip: _____

Owner's Cell Phone: _____

Business Email: _____

Please list any qualifications or certifications that benefit your Board & Care, Independent Living, or Sober Living:

Do you currently have a business license? YES, License # _____ NO

Do you currently own a licensed:

Board and Care? How Many? _____ Current Openings: _____

Independent Living? How Many? _____ Current Openings: _____

Sober Living? How Many? _____ Current Openings: _____

Other (type): _____

How Many? _____ Current Openings: _____

APPLICATION CONTINUES ON NEXT PAGE.

TO SUBMIT APPLICATION BY EMAIL:

Fill out form. Save PDF to your desktop with a new name. Send as email attachment to **apimarketing@apibhs.com**. Please put "Housing Summit Application" in the subject line.

TO SUBMIT APPLICATION BY MAIL:

Print application, fill out and mail to: Alvarado Parkway Institute
Marketing Department, Attn: Leslie
215 W. Madison Avenue; El Cajon, CA 92020

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH PROPERTY YOU OWN

Name of property: _____

Address: _____

City: _____ Zip: _____

Phone number: _____

Website: _____

Monthly rent:	\$600 & below	\$651 - \$700	\$751 - \$800	\$851 - \$900
	\$601 - \$650	\$701 - \$750	\$801 - \$850	\$901 & above

Please provide any comments related to monthly rent rates:

Number of meals provided: _____ Maximum capacity: _____

Number of bedrooms: _____

What type of clients to you accept? (Check all that apply):

- | | | |
|------------------|-------------------------|--------------------|
| Co-Ed | Males Only | Females Only |
| Veterans | Families | Couples |
| Seniors | Difficult Placement | Parolees/Probation |
| Individual Rooms | Shared Apartment Living | Wheelchair Access |
| Pets Accepted | | |

Languages spoken by owner: _____

List any additional amenities offered:

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