



OSRAA Membership Application

Applicant Information:

Applicant Name _____

Phone _____ Email _____

Business Information:

Business Name _____

Address: _____

Phone: _____ Email: _____

EIN: _____ Number of Employees doing placement _____

Years in Placement Business _____ Since: _____

Other company affiliated businesses: _____

Additional Placement Staff, Titles & Emails _____

Affiliations (Please list any memberships in age related associations such as OGA, Elders in Action, MSN etc.)

List 3 Professional References (include at least one Assisted or Memory care community and/or Adult Care Home and one client with whom you've worked)

Name _____ Company _____

Email: _____ Phone _____

***** ***** *****

Name _____ Company _____

Email: _____ Phone _____

***** ***** *****

Name _____ Company _____

Email: _____ Phone _____

Additional Information:

Do you preview care homes prior to referring clients? Yes / No

What is your process when working with placement clients? _____

Do you provide personalized assessments and tour with your clients? Yes / No

If no, please describe how your referral agency works _____

Do you check county Public Disclosure Files for adult care homes and assisted living communities (including memory care) complaints?

Check Oregon.gov On line Database Yes / No

Check files in county licensor office Yes / No

If yes, please describe process and frequency _____

Do you have current liability insurance? Yes / No

If you have a staff, do you have written policies and procedures? Yes / No

Are you affiliated with a senior housing company, community or personally own more than a 2% interest in an Adult Care Home, Community or Home Care Company? Yes / No

To what types of places do you refer (please check all that apply)?

- Independent Communities
- Assisted Living
- Memory Care
- Adult Care Homes
- CCRC Retirement Communities
- Skilled Nursing
- Other _____

Have you ever been arrested or convicted of any misdemeanor felonies? Yes / No
If yes please explain _____

Are you willing to submit to a criminal background check as a part of this application? Yes / No

Do you require your staff to pass criminal background checks? Yes / No

Do you pursue continuing education in the field of senior housing and care? Yes / No

Why do you want to be a member of OSRAA? _____

- I authorize the verification of the information provided on this form as to my involvement in membership in Oregon Senior Referral Agency Association. I have received a copy of this application
- I have read the Code of Ethics for the Oregon Senior Referral Agency Association and if a member of the organization, hereby agree to abide by its terms.

Signature of Applicant

Signature of Co-Applicant

Name Date

Name Date