



OSRAA Membership Application

Applicant Information:

Applicant Name _____

Phone _____ Email _____

Business Information:

Business Name _____

Address: _____

Phone: _____ Email: _____

Number of Employees doing placement _____

Years in Placement Business _____ Since: _____

Other company affiliated businesses: _____

Additional Placement Staff, Titles & Emails _____

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/ Intermediate care facility
- Other _____

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

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

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).

**OSRAA will independently solicit industry references in addition to the contacts supplied here.

Name _____ Company _____

Email: _____ Phone _____

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

Name _____ Company _____

Email: _____ Phone _____

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

Name _____ Company _____

Email: _____ Phone _____

Qualifying Information:

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

Do you meet with client/family in person? Yes / No

Do you tour with your clients? Yes /No

Are you affiliated with/owner of a senior housing company, community, ACH? Yes /No

Please provide the following documents with application:

- Proof of Liability insurance
- Business License and/or registration with State of Oregon
- Proof of 5 Continuing education hours in the past 12 months
- \$25 check for Criminal Background Check – until state of Oregon has unit ready to process per 7/1/18 law.
- 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.

*** Please allow 4-6 weeks for process of application, upon approval, annual dues will be assessed.

Signature of Applicant

Signature of Co-Applicant

Name Date

Name Date