



MEMBERSHIP APPLICATION AND AGREEMENT

_____ (Name of Organization/Individual) is requesting membership in CARE for ELDERS at the level indicated below: (Check only one)

- Collaborating Member/Organization
- Collaborating Member/Individual
- Associate Member/Organization
- Associate Member/Individual

TERMS AND CONDITIONS

All Members

As a member/partner in Care for Elders at any level, the Organization/Individual agrees to:

- Support the mission of Care for Elders by actively participating in efforts to improve the care and services provided to vulnerable older adults and family caregivers in Harris County;
- Contribute to the development and realization of goals and objectives established by the Collaborative;
- Attend scheduled meetings of the full collaborative, work groups, and/or ad hoc committees, as assigned;
- Participate, as requested, in the development and implementation of an evaluation plan to determine the effectiveness of the Collaborative’s work;
- Acknowledge and declare any conflict of interest the organization/individual may have regarding recommendations being considered for collaborative resources, and abstain from formal voting specific to those recommendations;
- Refrain from using membership in Care for Elders as an indication to others as an endorsement or recommendation of any kind;
- Refrain from using collaborative meetings or other forums to actively market or sell products or services offered by the organization/individual; and
- Operate in accordance with Care for Elders Operating Guidelines.

Collaborating Members

In addition to the above, Collaborating Members agree to:

- Provide representation on the Collaborative by a key decision maker(s) within the organization;
- Designate a primary representative and one alternate to Care for Elders for formal voting purposes (only Collaborating Members have voting privileges) ;
- Contribute personnel time (in-kind) to work group and/or ad hoc committees involved in planning, implementing, and/or evaluating collaborative activities;
- Contribute cash or in-kind resources to the collaborative’s efforts, i.e., hosting meetings, producing documents, traveling without reimbursement, etc. (applies to Organizational Members only).

The signature below indicates that the Organization/Individual agrees to comply with all relevant Terms and Conditions and that application for Care for Elders membership has been approved by the highest level of authority within the organization.

Signature – Organization’s Authorized Representative

Date

ORGANIZATION/INDIVIDUAL CONTACT INFORMATION

Please provide the following information about the Organization's/Individual's representation on Care for Elders:

Organization/Individual Name: _____

Address: _____

Phone Number: _____

FAX: _____

Primary Representative: _____

Title: _____

Phone Number: _____ FAX: _____

E-Mail Address: _____

Alternate Representative: _____

Title: _____

Phone Number: _____ FAX: _____

E-Mail Address: _____

Other Representative: _____

Title: _____

Phone Number: _____ FAX: _____

E-Mail Address: _____

Other Representative: _____

Title: _____

Phone Number: _____ FAX: _____

E-Mail Address: _____

SUPPORT TO THE COLLABORATIVE

Collaborating Members agree to provide either cash or in-kind resources to support the work of Care for Elders. Please indicate which of the following resources your organization is willing to provide:

- _____ Staff time to participate in meetings or other Care for Elders events
- _____ Meeting facilities and/or related meeting expenses (refreshments, parking, etc.)
- _____ Mailing or postage expenses for Collaborative communications and/or community forums
- _____ Printing and/or photocopying expenses
- _____ Media/advertising; please describe: _____
- _____ Equipment, such as a computer, printer, etc.; please describe: _____
- _____ Travel without reimbursement
- _____ Cash \$ _____
- _____ Other: _____

SECTOR(S) AND/OR SERVICE(S) REPRESENTED

Please indicate all that apply to you/your organization:

- Public Sector Funder
- Private Sector Funder
- Other Payer for Long Term Care
- Health Care System or Service
- Planning / Academia / Educational Center
- Media
- Private, For-Profit Business
- Advocacy or Special Interest Group
- Ethnic or Minority Group/Association
- Consumer

- Public Sector Provider; please list services: _____

- Private Sector Provider; please list services: _____

CONGRUENCE WITH CARE FOR ELDERS' MISSION AND GOALS

Mission

To improve the care and services provided to vulnerable older adults and family caregivers in Harris County through collaborative problem solving and strategic planning that includes consumers, providers, funding organizations, and other major stakeholders in the long-term care system.

Purpose

To inform public policy and influence community practice to increase access to services, improve the quality of care, and enhance the quality of life for older adults and family caregivers in Harris County.

Goals and Priorities

- Improve access to needed services for older adults and family caregivers through greater coordination among service providers.
- Improve service quality by addressing direct care workforce recruitment and retention issues.
- Serve as a catalyst for service delivery and systems improvements by creating and embedding various practice enhancements.
- Promote improved community preparedness for the growing number of older adults by educating elected officials, policy makers, and other key decision makers about local needs and opportunities to support older adults and their families.

It is critical that partners in Care for Elders are committed to the collaborative's work, its mission and goals.

Organizational Members: Please describe your organization's mission or purpose and comment about the expertise or unique contribution your organization will make toward Care for Elders mission or goals.

Individual Members: Please describe your personal or professional interest in Care for Elders and comment about the expertise or unique contribution you will make toward the collaborative's mission or goals.

**Please complete ALL pages and email them to Josh Reynolds at jreynolds@careforelders.org
Questions can be directed to Josh Reynolds at 713-685-2437.**