

# Echelon Participation & Self-Attestation Form

Type of Assisted Living (AL) Community:  CBRF  RCAC  AFH

Name of AL Community \_\_\_\_\_

License # \_\_\_\_\_ or Registration # \_\_\_\_\_ or Certification # \_\_\_\_\_

Total Capacity \_\_\_\_\_ Current Occupancy \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Website Address \_\_\_\_\_

AL Manager \_\_\_\_\_ Title \_\_\_\_\_

AL Manager's Email Address \_\_\_\_\_

LeadingAge Wisconsin assumes the AL manager listed above is the appropriate person to whom all future Echelon mailings should be directed. Please let us know if this is not the case.

By agreeing to participate in the LeadingAge Wisconsin Echelon, I am making a commitment to implement the quality initiatives/quality modules as provided.

- I understand that active participation in Echelon entails participating in the Echelon meetings as my schedule allows and sharing policies, procedures, and best practices as appropriate to help build Echelon and to strengthen the Quality Initiatives. I promise to work with Echelon to raise the level of quality within my AL community and throughout all LeadingAge Wisconsin member AL communities..
- I understand I am requested to complete the RCAC or CBRF Manager's Certificate Program. (This program is available on DVD from LeadingAge Wisconsin.)
- I understand I am expected to attend (at a minimum) at least one LeadingAge Wisconsin Echelon meeting each year and one LeadingAge Wisconsin educational event annually. In lieu of attending an educational program, I could agree to spend a minimum of three hours with another Echelon member (in either facility) for purposes of networking, peer audits, troubleshooting, mentoring, sharing best practices, discussing the implementation of LeadingAge Wisconsin's quality improvement tools, or other similar peer-to-peer activities.
- I understand I am expected to participate in the WCCEAL required outcome reports and the WCCEAL required customer satisfaction survey.
- I understand each year I will be asked to renew my membership Echelon and to attest to the fact that:
  1. My AL community is in compliance with or needs assistance with the implementation of state regulations.
  2. My AL community is working to implement or needs assistance with the LeadingAge Wisconsin quality improvement program.
  3. My AL community has read and addressed each of the state memos addressed to AL communities that came out in the past year.

I have read, understand, and agree to the protocol LeadingAge Wisconsin has for working with any Echelon member that might be having problems or concerns with quality improvement.

Yes       No

Please check one of the following statements:

- My AL community is in compliance with the state regulations governing the operation of this type of AL community.
- My AL community needs assistance with the implementation of state regulations governing the operation of this type of AL community.

The fee to be a member of Echelon is \$125 per year.

- Enclosed is a check in the amount of \$125 made payable to LeadingAge Wisconsin for membership in Echelon. (If you prefer to pay by credit card, please call LeadingAge Wisconsin at 608-255-7060.)

I attest that the information on this Echelon membership and self-attestation form are true and complete to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please Print Your Name \_\_\_\_\_

Title \_\_\_\_\_

Once we receive your completed Membership & Self-Attestation form, LeadingAge Wisconsin will send your Echelon membership certificate.

Please return your completed Echelon Participation & Self-Attestation Form and your payment of \$125 (annual network membership fee) to:

LeadingAge Wisconsin  
204 South Hamilton Street  
Madison WI 53703  
Phone (608) 255-7060  
Fax (608) 255-7064

[www.LeadingAgeWI.org](http://www.LeadingAgeWI.org)  
[info@LeadingAgeWI.org](mailto:info@LeadingAgeWI.org)