



## **ILA Membership Application**

Thank you for your interest in joining the Independent Living Association (ILA)!

To apply to join the ILA:

1. Before completing and signing the ILA Application, please read the enclosed information, including ILA Membership Requirements and ILA Quality Standards.
2. Please mail your completed application to:

Elana Soltz  
Community Health Improvement Partners  
5095 Murphy Canyon Road, Suite 105  
San Diego, CA 92123

Please print CLEARLY. Incomplete and/or illegible applications will not be processed.

**Owner's Name:** \_\_\_\_\_

**Owner's Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Owner's Contact Phone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Business Email Address:** \_\_\_\_\_

**Please list any qualifications or certifications that benefit your Independent Living business:**

**Do you currently have a business license?**       YES, Lisc #: \_\_\_\_\_       NO

Note: A business license is not an ILA membership requirement.

**Do you currently own a licensed Board and Care?**       YES       NO

**How many Independent Livings do you own?** \_\_\_\_\_

**Have you applied to the ILA in the past?**       YES       NO

**Whom may we thank for referring you to the ILA?** \_\_\_\_\_

Please return completed applications to: Elana Soltz, Community Health Improvement Partners, 5095 Murphy Canyon Road, Suite 105, San Diego, CA 92123 or email to infoilasd.org.

Please complete information below for each IL you own/operate. Contact ILA if you need additional sheets

## Independent Living #1

Name of Independent Living: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Accommodations

Max. Capacity: \_\_\_\_\_ Number of Beds: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Type of Rooms (check all that apply):

- Private Rooms  Mixed Sharing - 2-3 people per room  
 Shared Rooms - 2 people per room  Mixed Sharing - 4 people per room

Type of clients accepted (Please check all that apply)

- Co-Ed  Males Only  Females Only  Transitional Age Youth (18-24 Yrs Old)

Monthly Rent (If your home has multiple rental amounts then please specify private (P) or shared (S) next to the amount)

- \$600 and below \_\_  \$650-700 \_\_  \$750-800 \_\_  \$850-900 \_\_  
 \$600-650 \_\_  \$700-750 \_\_  \$800-850 \_\_  \$900 and above \_\_

Amenities (Note: Offering amenities is not an ILA membership requirement)

Meals provided?  Yes, number provided: \_\_\_\_\_  No If yes, how many are: Served \_\_\_\_\_ Self-served \_\_\_\_\_

Toiletries provided?  All  Limited  None Laundry on-site?  Yes  No

Additional Amenities (check all that apply):  TV  Cable  Internet  Phone  Entertainment (books, movies, games)

Owner/RA Availability

Is there a Resident Assistant (RA) at this Independent Living?  Yes  No

RA Name(s): \_\_\_\_\_

RA Phone Number: \_\_\_\_\_

Check the box that best describes Owner/RA availability at the property:

- Owner or RA lives on-site  Owner/RA is on-site part time/does not live on-site  Owner/RA is available 24hrs/day but Independent Living does not offer on-site staff

Languages spoken by Owner/RA: \_\_\_\_\_

Accessibility and Convenience

Nearest bus stop? (in miles) \_\_\_\_\_

Nearest Convenience Store? (in miles) \_\_\_\_\_

Bus stop location? (Give street name or cross streets) \_\_\_\_\_

Housing Access/Walkability?  Easy to access house; no hills or stairs  
 Hills or stairs required to access house  Wheelchair Access

Please complete information below for each IL you own/operate. Contact ILA if you need additional sheets

## Independent Living #2

Name of Independent Living: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Accommodations

Max. Capacity: \_\_\_\_\_ Number of Beds: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Type of Rooms (check all that apply):

- Private Rooms  Mixed Sharing - 2-3 people per room  
 Shared Rooms - 2 people per room  Mixed Sharing - 4 people per room

Type of clients accepted (Please check all that apply)

- Co-Ed  Males Only  Females Only  Transitional Age Youth (18-24 Yrs Old)

Monthly Rent (If your home has multiple rental amounts then please specify private (P) or shared (S) next to the amount)

- \$600 and below \_\_  \$650-700 \_\_  \$750-800 \_\_  \$850-900 \_\_  
 \$600-650 \_\_  \$700-750 \_\_  \$800-850 \_\_  \$900 and above \_\_

Amenities (Note: Offering amenities is not an ILA membership requirement)

Meals provided?  Yes, number provided: \_\_\_\_\_  No If yes, how many are: Served \_\_\_\_\_ Self-served \_\_\_\_\_

Toiletries provided?  All  Limited  None Laundry on-site?  Yes  No

Additional Amenities (check all that apply):  TV  Cable  Internet  Phone  Entertainment (books, movies, games)

### Owner/RA Availability

Is there a Resident Assistant (RA) at this Independent Living?  Yes  No

RA Name(s): \_\_\_\_\_

RA Phone Number: \_\_\_\_\_

Check the box that best describes Owner/RA availability at the property:

- Owner or RA lives on-site  Owner/RA is on-site part time/does not live on-site  Owner/RA is available 24hrs/day but Independent Living does not offer on-site staff

Languages spoken by Owner/RA: \_\_\_\_\_

### Accessibility and Convenience

Nearest bus stop? (in blocks or miles)

Nearest Convenience Store? (in blocks or miles) \_\_\_\_\_

Bus stop location? (Give street name or cross streets) \_\_\_\_\_

Housing Access/Walkability?  Easy to access house; no hills or stairs  
 Hills or stairs required to access house  Wheelchair Access

**Please read carefully before signing and submitting application:**

By signing this application, the undersigned applicant certifies and represents to the ILA all of the following:

1. That all of the information contained in this application is true and complete. Applicant acknowledges that any false or misleading statement made by the applicant or applicant's representatives or staff in connection with this ILA membership application or with the application to have an Independent Living home approved by the ILA, will be grounds for denial and/or revocation of ILA membership and the removal of the applicant's Independent Living homes from the ILA approved list; and
2. Applicant and his/her/its staff will comply with all applicable federal, state and local laws with respect to the operation, maintenance and renting of each of the above-described Independent Livings (including, but not limited to, compliance with all Fair Housing laws, state and local building codes, and health laws). Applicant acknowledges and agrees that a violation of applicable law by applicant or his/her/its staff can be grounds for denial and/or revocation of ILA membership and the listing of applicant's Independent Livings from ILA approved listing;
3. Applicant and his/her/its staff have not been found to be in violation by the California Dept. of Social Services' Community Care Licensing Division, and are not the subject of a pending investigation by the state or local enforcement agencies in connection with the operation of any Independent Living which they own or manage. Applicant acknowledges and agrees that a violation of applicable law by applicant or his/her/its staff can be grounds for denial and/or revocation of ILA membership and the listing of applicant's Independent Living homes from ILA approved listing;
4. Applicant understands the limitations of operating as an Independent Living and does not provide care or supervision that would require licensing. Applicant certifies that he/she/staff:
  - a. Do not assist residents with dressing, grooming, bathing or hygiene.
  - b. Do not assist residents with medications, including storing medications where the residents do not have access to them on their own.
  - c. Do not make arrangements for medical or dental care.
  - d. Do not maintain house rules for the protection of the residents (house rules can be used to establish general guidelines for management of the house, cleanliness, etc.)
  - e. Do not supervise residents' schedules and/or activities.
  - f. Do not maintain or supervise residents' cash resources or property.
  - g. Do not monitor food intake or special diets of residents.
  - h. Do not represent Independent Living as providing care and supervision.
  - i. Do not accept residents who demonstrate the need for care or supervision.
5. Applicant acknowledges and agrees that membership in the ILA, and the listing of any of the undersigned's Independent Livings is a privilege and at the sole discretion and decision of the ILA.
6. Applicant acknowledges and agrees to adhere to ILA Membership Requirements and ILA Quality Standards.

**Applicant Signature:**

**Signed:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## **ILA Membership Requirements**

The Independent Living Association (ILA) supports and promotes high quality Independent Livings in San Diego County. By joining the ILA, members receive a variety of benefits, including marketing tools and resources, professional development opportunities, and affiliation with a trusted county-wide association. ILA Members (Owners), Resident Assistants and residents may take advantage of ILA activities.

To gain membership, ILA Members are expected to adhere to the following requirements:

- I. ILA Membership application must be completed.
- II. ILA Members course (ILA Best Practice: How to Run a Successful Independent Living) is to be completed within 90 days of application date.
- III. Members must agree to adhere to the ILA Quality Standards and Indicators.
- IV. Member home(s) must pass annual home visit conducted by the ILA's Peer Review Team to ensure adherence to ILA Quality Standards.
- V. Additional ILA requirements:
  1. Members agree to complete an annual ILA member survey.
  2. Members agree to respond to ILA requests and inquiries in a timely manner.
  3. Members will update the ILA directory account as needed and respond to verification inquiries within 30 days.
  4. Members will notify the ILA of any changes in ownership, licensing status, addresses, and/or telephone numbers within 30 days.
  5. Members will promptly respond to any and all complaints forwarded by the ILA and make a good faith effort to resolve all such complaints. Eliminate the underlying cause of any patterns of customer complaints that the ILA may call to the member's attention.
  6. Members will refrain from using the name or logo not specifically authorized in writing by the ILA.

Violation of ILA Membership Requirements will be evaluated by ILA Leadership and may be grounds for termination of ILA Membership and removal from the ILA Directory.

ILA Membership is voluntary. By signing below I confirm that I have read, understood, and will comply with all of the terms set forth by the Independent Living Association for the purpose of gaining and maintaining membership.

**Applicant Signature:**

**Signed:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_