



The New Hampshire Association of Residential Care Homes is a dynamic professional Association representing residential care and assisted living facilities throughout New Hampshire.

This booklet provides information about NH-ARCH and a membership application.

[www.NHARCH.org](http://www.NHARCH.org)

**New Hampshire Association of  
Residential Care Homes**

# Thank You for Your Interest in Our Association...

Within this brochure you will find information about the N. H. Association of Residential Care Homes (NH-ARCH) and the necessary application to join our Association.

NH-ARCH has grown considerably in recent years to become a dynamic and professional association representing residential care and assisted living facilities throughout New Hampshire. NH-ARCH is also the state affiliate of the Assisted Living Federation of America (ALFA), allowing us access to the resources offered by this national organization.

NH-ARCH promotes residential care and assisted living throughout the state of New Hampshire and works closely with regulators and facility owners/administrators to assure the quality of living and care for residents in member homes. We also provide meaningful referral services to member facilities for those seeking to find needed care for a loved one, patient or client.

NH-ARCH is the primary provider of educational forums and programs for those working in residential care/assisted living. We provide a very active and informative educational program for the industry. Members can attend these programs at special discount member rates. Both our popular annual fall convention and our membership meetings throughout the year provide excellent opportunities for learning and networking.

NH-ARCH publishes "News Alert", a brief news bulletin distributed via email providing important updates and items of more immediate interest to the membership. The Association also has a listserv program for members, offering a way to communicate and exchange information and ideas via the internet.

Some of the additional benefits of membership in NH-ARCH include:

- a website with a referral section for individual member homes
- legislative and regulatory monitoring, reporting, and lobbying for the industry
- active public relations programming to enhance the image and professionalism of the industry
- advocacy for our members and the industry
- having the Association serve as a liaison to the N.H. Department of Health & Human Services and other state agency regulators to advocate members' positions
- the Association maintaining liaison and communication with the Assisted Living Federation of America

Any questions that you may have will gladly be answered by our executive office staff (800-544-0906) or by any NH-ARCH director. We look forward to receiving your completed membership application and establishing an affiliation with you and your facility/organization.

# Choose the Appropriate Membership Category

The N. H. Association of Residential Care Homes maintains several different membership opportunities. Please choose the appropriate category for you and/or your organization:

**ACTIVE MEMBER:** Limited to facilities engaged in the business of residential care/assisted living within NH. The designated contact person will receive all Association mailings and will be eligible to serve on the Association's board of directors. All staff of a member facility attend educational sessions at the member rate.

Dues.....Facility bed capacity \_\_\_\_\_ X \$15/bed = \$ \_\_\_\_\_  
**(Maximum payment of \$1,050)**

*(Note: Facilities whose dues payments are in excess of \$500 are eligible for a second voting member to also receive a copy of mailings made by the Association and qualify for membership on the Association's board of directors. If your organization is entitled to an additional mailing, please designate their name and address on your application.)*

**ASSOCIATE MEMBER:** Limited to individuals who are supporters of the residential care/assisted living industry within New Hampshire who are interested in receiving information provided by NH-ARCH and who would like to attend educational seminars. Appropriate individuals for associate memberships are social workers, nurses, physicians, home health providers, etc. Associate membership is not appropriate for facilities, facility owners or administrators, vendors or anyone soliciting business.

Dues.....\$100

**PROSPECTIVE MEMBER:** Limited exclusively to facilities in the development process who have an interest in joining NH-ARCH as an active member when the facility is completed and/or licensed by the State of New Hampshire. Prospective members receive full benefits of membership. The dues fee will be prorated towards active membership when the facility is completed and/or licensed.

Dues.....\$100

**INDUSTRY PARTNER MEMBER:** Open to organizations and individuals providing services and supplies to residential care/assisted living facilities such as pharmacies, medical supply companies, private consultants, anyone soliciting business, etc.

Dues.....\$500

*(Annual dues include a one year membership, all NH-ARCH membership mailings, an ad on our website for a year, an exhibit booth (for one day) at our annual convention, and a brief introduction at the annual convention.)*



53 Regional Drive, Suite 1  
Concord, NH 03301  
Tel: (800) 544-0906 (NH only)  
or (603) 228-1231  
Fax: (603) 228-2118  
[info@cornerstoneam.com](mailto:info@cornerstoneam.com)

[www.NHARCH.org](http://www.NHARCH.org)

# Application for Membership

Please complete the appropriate section and return it with the corresponding dues payment to: New Hampshire Association of Residential Care Homes, 53 Regional Drive, Suite 1, Concord, NH 03301. Please make check payable to NH-ARCH.

NAME (Facility, Organization, Individual, Vendor)

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

Primary Member Contact/Title \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Secondary Member Contact/Title \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

## MEMBERSHIP CATEGORY

- Active Member (see below for proration) Bed capacity number \_\_\_\_\_ x \$15/bed = \$\_\_\_\_\_.  
(Maximum of \$1,050)

NOTE: Regardless of the number of beds, the maximum payment is \$1,050.

If dues are more than \$500, an additional person qualifies to receive mailings, etc.

Additional mailing to (name & title) \_\_\_\_\_

Additional mailing address \_\_\_\_\_

Additional representative's phone, fax & e-mail \_\_\_\_\_

- Prospective Member (anticipated # of beds \_\_\_\_\_)..... \$100
- Associate Member..... \$100
- Industry Partner Member..... \$500  
Type of business/service provided \_\_\_\_\_

Does your facility/organization/agency have the availability of a conference/meeting room that could be used for educational services? (circle) YES NO

If YES, please designate the room capacity \_\_\_\_\_.

## POLICY ON PRORATION OF DUES FOR NEW ACTIVE MEMBERS

Dues for new active membership in the N. H. Association of Residential Care Homes are for a calendar year.  
(NOTE: Proration is not applicable for prospective, associate or industry partner memberships.)

### If joining as an active member:

January 1 to March 31

April 1 to June 30

July 1 to September 30

October 1 to December 31

### Payment Required:

Full annual dues

Three quarters of the annual dues

Half of the annual dues

Full annual dues, but membership extended through the next full year, receiving up to 3 months of free membership

# WEBSITE QUESTIONNAIRE FOR ACTIVE MEMBERS

(This information is to be used for inclusion in the referral section of the NH-ARCH website and by the executive office when receiving referral inquiries.)

FACILITY NAME: \_\_\_\_\_ Date: \_\_\_\_\_

CONTACT PERSON/TITLE: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Facility website address: \_\_\_\_\_

Number of total beds: \_\_\_\_\_ County where facility is located: \_\_\_\_\_

Do you accept Medicaid/HCBC residents? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Base monthly/daily fee: \_\_\_\_\_

## **Rooms & Care (check all that apply):**

Private \_\_\_\_\_ Semi-private \_\_\_\_\_ Private apartments \_\_\_\_\_ Suites \_\_\_\_\_

Assisted living: \_\_\_\_\_ Skilled nursing: \_\_\_\_\_ Alzheimer: \_\_\_\_\_ Independent: \_\_\_\_\_

Others (specify): \_\_\_\_\_

## **Common Areas (indicate Y if included in price; A if available for extra charge):**

Living room \_\_\_\_\_ Dining room \_\_\_\_\_ Smoking area \_\_\_\_\_ Resident kitchen \_\_\_\_\_

Exercise room \_\_\_\_\_ Storage room \_\_\_\_\_ Garage \_\_\_\_\_ Library \_\_\_\_\_ Activity room \_\_\_\_\_

Community room \_\_\_\_\_ Beauty/barber shop \_\_\_\_\_ Family dining room \_\_\_\_\_

Deck/patio \_\_\_\_\_ Chapel \_\_\_\_\_ Gift shop \_\_\_\_\_ Music room \_\_\_\_\_ Whirlpool/spa \_\_\_\_\_

Others (specify): \_\_\_\_\_

## **Amenities (indicate Y if included in price; A if available for extra charge):**

Telephone jack \_\_\_\_\_ Cable/satellite TV \_\_\_\_\_ Bathtub \_\_\_\_\_ Shower \_\_\_\_\_

Computer/internet access \_\_\_\_\_ Pets allowed in room \_\_\_\_\_ Smoking in room \_\_\_\_\_

Microwave \_\_\_\_\_ Stove \_\_\_\_\_ Refrigerator \_\_\_\_\_ AC \_\_\_\_\_

## **Services (indicate Y if included in price; A if available for extra charge):**

\_\_\_\_\_ Three meals/day \_\_\_\_\_ Personal laundry \_\_\_\_\_ Adult day care

\_\_\_\_\_ Snacks \_\_\_\_\_ Linens laundered \_\_\_\_\_ Respite care

\_\_\_\_\_ Wellness program \_\_\_\_\_ Towels laundered \_\_\_\_\_ Dementia care

\_\_\_\_\_ Activities \_\_\_\_\_ Housekeeping \_\_\_\_\_ Visiting physicians

\_\_\_\_\_ Exercise \_\_\_\_\_ Maintenance \_\_\_\_\_ Religious services

\_\_\_\_\_ Rehabilitation \_\_\_\_\_ Personal transportation \_\_\_\_\_ Medication monitoring

\_\_\_\_\_ Security \_\_\_\_\_ Group transportation \_\_\_\_\_ Medication administration

\_\_\_\_\_ Personal care \_\_\_\_\_ Guest suites \_\_\_\_\_ Nurses on staff

Others (specify): \_\_\_\_\_

Special comments you'd like to have listed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of the person completing this form: \_\_\_\_\_

*Return this form promptly to: N. H. Association of Residential Care Homes  
53 Regional Drive, Suite 1, Concord, NH 03301-8500 or fax to (603) 228-2118.*