



CHIP ILA – San Diego Membership Application

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

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

By US Postal Mail:

Email: sandiego@ILACalifornia.org

Independent Living Association – San Diego
 Community Health Improvement Partners
 PO Box 420335
 San Diego, CA 92142

Section 1: 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 (operators), their staff and associates 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 (Independent Living Operations) 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 ILA member satisfaction surveys.
 2. Members agree to respond to ILA requests and inquiries in a timely manner.
 3. Members will notify the ILA of any necessary changes to the directory listing as needed and respond to verification inquiries within 30 days.
 4. Members will notify the ILA of any changes in operations, licensing status, addresses, and/or telephone numbers within 30 days.
 5. Members will bring their additional homes operated as independent livings into ILA membership within one year of initial membership date or the date of home acquisition (if after initial membership date).
 6. 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.
 7. 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: _____

Date: _____

Full Name (Printed): _____

Section 2: Certification

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, their staff and associates will comply with all applicable federal, state and local laws with respect to the operation, maintenance and renting of each of the below-described independent livings (including, but not limited to, compliance with all Fair Housing laws, state and local building codes, health laws and employment 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, their staff and associates 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, their staff and associates 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, their staff and associates understand the limitations of operating as an independent living and does not provide care or supervision that would require licensing. Applicant certifies that applicant, their staff and associates do not represent independent living as providing care and supervision, including:
 - i. Do not assist tenants with dressing, grooming, bathing or hygiene.
 - ii. Do not assist tenants with medications, including storing medications where the residents do not have access to them on their own.
 - iii. Do not make arrangements for medical or dental care.
 - iv. Do not maintain house rules for the protection of the tenants (house rules can be used to establish general guidelines for management of the house, cleanliness, etc.)
 - v. Do not supervise tenants' schedules and/or activities.
 - vi. Do not maintain or supervise tenants' cash resources or property.
 - vii. Do not monitor food intake or special diets of tenants.
5. Applicant, their staff and associates acknowledge and agree 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, their staff and associates acknowledge and agree to adhere to ILA Membership Requirements and ILA Quality Standards.

Applicant Signature: _____

Date: _____

Full Name (Printed): _____

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

Section 3: Independent Living Operator Contact Information

Name of Operator: _____

Operator mailing address: _____

City: _____ **State:** _____ **Zip Code:** _____

Operator phone number: _____ Mobile Landline

Fax number: _____

Business email address: _____

Preferred method of communication: Phone call Email Text message Mailed letter

Please list any qualifications or certifications that benefit your independent living business:

Do you currently have a business license? Yes, Lisc #: _____ No

How many independent living homes do you operate? _____

Have you applied to the ILA in the past? Yes No

Do you currently own or operate a licensed Board & Care? Yes No

Whom may we thank for referring you to the ILA? _____

Section 4: Independent living (IL) #1 Home Information

Name of independent living: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Is this a landline? Yes No

Website: _____

Please check one: I own this home I rent this home

Accommodations

Maximum capacity: _____ # of beds: _____ # of bedrooms: _____ # of bathrooms: _____

Pets (check all that apply):

Pets on-site Pet friendly

Type of tenants accepted (check all that apply)

Co-Ed Males Only Females Only Transitional Age Youth (18-24 Yrs. Old) LGBTQ+ Friendly

Monthly Rent and Room Information (please indicate the monthly rent for each type of room set-up offered)

Private rooms \$ _____ Shared rooms (2 people max) \$ _____

Shared rooms (3 people max) \$ _____ Shared rooms (4 people max) \$ _____

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 Wi-Fi Entertainment (books, movies, games)

Operator/House Manager Information

Operators shall ensure that staff and associates are screened and comply with all federal, state and local laws with respect to operation of independent living including employment laws.

Is there a House Manager (HM) at this independent living? Yes No

House Manager name: _____ **House Manager phone number:** _____

Language(s) spoken by Operator/HM: _____

Check the box that best describes the Operator/HM availability at the property:

- Operator or HM lives on-site Operator/HM is on-site part time/does not live on-site
 Operator/HM is available 24hrs/day but independent living does not offer on-site staff

Accessibility and Convenience

Nearest bus stop? (miles): _____

Bus stop location? (street name or cross streets) _____

Nearest convenience store? (miles): _____

Housing access/walkability?

- Easy to access house; no hills or stairs Hills or stairs required to access house Wheelchair Access

Section 5: Independent Living (IL) #2 Home Information

Name of independent living: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Is this a landline? Yes No

Website: _____

Please check one: I own this home I rent this home

Accommodations

Maximum capacity: _____ # of beds: _____ # of bedrooms: _____ # of bathrooms: _____

Pets (check all that apply):

- Pets On-site Pet Friendly

Type of tenants accepted (check all that apply)

- Co-Ed Males Only Females Only Transitional Age Youth (18-24 Yrs. Old) LGBTQ+ Friendly

Monthly Rent and Room Information (please indicate the monthly rent for each type of room set-up offered)

Private rooms \$ _____ Shared rooms (2 people max) \$ _____

Shared rooms (3 people max) \$ _____ Shared rooms (4 people max) \$ _____

Amenities (Note: offering amenities is not an ILA 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 Wi-Fi Entertainment (books, movies, games)

Operator/House Manager Availability

Is there a House Manager (HM) at this independent living? Yes No

House Manager name: _____ **House Manager phone number:** _____

Language(s) spoken by Operator/HM: _____

Check the box that best describes the Operator/HM availability at the property:

Operator or HM lives on-site Operator/HM is on-site part time/does not live on-site

Operator/HM is available 24hrs/day but independent living does not offer on-site staff

Accessibility and Convenience

Nearest bus stop? (miles): _____

Bus stop location? (street name or cross streets) _____

Nearest convenience store? (miles): _____

Housing access/walkability?

Easy to access house; no hills or stairs

Hills or stairs required to access house

Wheelchair Access