



INDUSTRY MEMBERSHIP APPLICATION CHECKLIST

Please use this list to verify inclusion of all the necessary forms, paperwork, and documentation required for application review.

- ✓ **Industry Membership Application***- Completed, signed, and dated
 - *Please note that an online version of this application is available at PASRS.org.
- ✓ **PASRS Best Practices Agreement**- Completed, signed, and dated
- ✓ **PASRS Grievance Policy Agreement**- Completed, signed, and dated
- ✓ **Dispute Resolution Policy**-
 - Your company's written client dispute resolution policy (mandatory)
 - Your company's policy on customer complaints (if applicable)
- ✓ **Certificate of Active Liability Insurance**- (Contact your insurance carrier with questions)
 - Declarations page from your company's liability insurance policy that shows: company name, dates of coverage, and policy limits
- ✓ **Professional Recommendation Letters**
 - Three letters of recommendation
 - One letter must be from a family served by your company in the past year
- ✓ **Annual Dues**-
 - Industry Members (companies making referrals/placements)- \$250.00
 - For franchises, separate membership required for each franchisee
- ✓ **Payment Options**-
 - Checks- Make checks payable to PASRS and mail to:
PASRS
P.O. Box 10156
Phoenix, AZ 85064
 - Credit Card via form- Complete the credit card portion of this application. Once card information is received by the PASRS office, the card is charged, and a receipt is emailed.
 - Online payment by Credit Card- Choose the box for online payment. Once application is received by our office, an invoice will be issued via email that can be paid online via credit card.
 - Invoice Required- Choose the box for invoice required. Once application is received by our office, an invoice will be issued via email.
- ✓ **Submittal**- Please submit the completed application packet by:
 - By scan/email: admin@pasrs.org
 - By fax: 602-559-9797
 - By mail: PASRS
P.O. Box 10156
Phoenix, AZ 85064



INDUSTRY MEMBERSHIP APPLICATION OVERVIEW

Eligible for Membership: The following may be eligible for PASRS Membership-

Any sole proprietorship, partnership, corporation, company, association, or any other form of business endeavor in the senior service industry and affiliated industries in Arizona willing to adhere to and maintain PASRS's minimum standards of Best and Ethical Business Practices

Types of Membership:

1. Industry Members- Those who are engaged in the senior referral industry providing senior referral/placement services to one or more clients in any calendar year.
2. Affiliate Members- Other businesses (including non-profit associations) associated with the senior service industry and the medical services industry as may be determined.
3. Affiliate Corporate Members- Businesses or organizations (other than non-profit organizations) associated with the senior service industry and the medical services industry with five or more locations.

Voting Members:

Only members selected to the Board of Directors of the Association will have voting privileges as authorized in the PASRS By-laws.

Application Process:

1. Complete application package and submit to the PASRS office.
2. Application package is reviewed by PASRS Staff and/or Board for completeness and approval.
 - a. Applications requiring further information will be notified via email provided within application.
3. Payment of membership dues is processed.
4. Notification of active membership is made via email to the contact information provided in the application package.

Industry Membership Application Requirements:

To be considered for Industry Membership in PASRS, the following must be submitted-

1. Industry Membership Application, completed & signed.
2. PASRS Best Practices Policy Adoption Agreement, completed & signed.
3. PASRS Grievance Policy Adoption Agreement completed & signed.
4. Dispute Resolution Policy adopted by the company (mandatory) including a Customer Complaint Policy (if applicable).
5. Certificate of active liability insurance including company's name, dates of coverage, and policy limits. (Contact your insurance carrier with questions.)
6. Three letters of recommendation where at least one letter is from a family served by the company in the past year.
7. Annual dues



Membership Benefits Include:

The PASRS Board of Directors is constantly working to improve and add to the benefits of PASRS membership. Current Member Benefits include-

- PASRS Logo- the PASRS logo is a symbol of ethical business practices and leadership in the Arizona Senior Service Industry. Members of PASRS are encouraged to proudly display the PASRS logo in all of their marketing material so that current and potential partners and customers can know the high standard by which Members operate their businesses.
- Certificate of Membership for physical posting at company location.
- Certificate of Best Practices for reference, posting on company website, and physical posting at company location.
- Inclusion on regularly scheduled Member meetings and events
- Exclusive access to Member Only information network.
- Exclusive access to PASRS Referral/Placement Rotation Program.
- Addition to the PASRS Referral Directory.
- Customizable directory webpage for each Member.
- Social Media linking.
- Exclusive Member Only pricing to ticketed events.
- Announcements of new membership:
 - Shared via email to all members that includes contact information and links to website (if applicable).
 - Posted on PASRS's social media with links to company website (if applicable).
 - Made verbally at next scheduled PASRS meeting.

Members in Good Standing are Required to:

- Maintain a minimum 50% annual company attendance rate at regular membership meetings.
 - This requirement extends to business employees, meaning that we ask that someone from your organization be present at 50% of the monthly member meetings.
- Maintain professional liability insurance for their business or organization; notify PASRS of changes to the policy.
- Adhere to the PASRS Best Practice Policy.
- Adhere to the PASRS Grievance Policy.
- Maintain and adhere to submitted Dispute Resolution Policy; notify PASRS of any changes to the policy.
- Remain current on annual dues payments.
- Consider active participation in PASRS committees.



INDUSTRY MEMBER APPLICATION FORM

COMPANY INFORMATION			
Date:	Company Name:		
Does the company have a d/b/a or a different name known to customers?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is it?
Contact Person's Last Name:		First Name:	
Mailing Address:		City:	State: Zip:
Main Phone: () -	Mobile: () -	Fax: () -	Other: () - <input type="checkbox"/> After Hours <input type="checkbox"/> _____
Website:		Email:	
Category of Company: <input type="checkbox"/> Referral/Placement Services <input type="checkbox"/> Advocacy <input type="checkbox"/> Care Home (Group Home) <input type="checkbox"/> Center (Residential Community) <input type="checkbox"/> Consulting <input type="checkbox"/> Home Care Provider/Caregiving <input type="checkbox"/> Home Health <input type="checkbox"/> Hospice <input type="checkbox"/> Financial Services <input type="checkbox"/> Legal Services <input type="checkbox"/> Medical Provider <input type="checkbox"/> Other: _____			
In the space below, please describe the services of the company, including specialties:			
Counties Served: <input type="checkbox"/> Maricopa <input type="checkbox"/> Pima <input type="checkbox"/> Pinal <input type="checkbox"/> Yavapai <input type="checkbox"/> Coconino <input type="checkbox"/> Yuma <input type="checkbox"/> Santa Cruz <input type="checkbox"/> Cochise <input type="checkbox"/> La Paz <input type="checkbox"/> Gila <input type="checkbox"/> Graham <input type="checkbox"/> Greenlee <input type="checkbox"/> Mohave <input type="checkbox"/> Navajo <input type="checkbox"/> Apache			
State License # (if applicable):		Type of License:	
Does the company maintain a current liability insurance policy that covers the actions of all employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the company have a written Client Dispute Resolution Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How long has the company been in business?		How long has the company's owner/management been in the senior service industry?	
Have any of the company's owners, officers, principals, or managerial employees had their license or certification revoked, suspended, or had any other disciplinary action taken against them by a licensing body? <input type="checkbox"/> Yes <input type="checkbox"/> No			



BILLING INFORMATION (IF DIFFERENT THAN ABOVE)			
Contact Person's Last Name:		Annual Pricing: Industry Member- \$250	
First Name:		Dues Payment Option: <input type="checkbox"/> Pay by credit card via form <input type="checkbox"/> Pay by credit card online (an invoice will be emailed for online payment access) <input type="checkbox"/> Pay by check (mail to PASRS office)	
		Is an invoice required for payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address:		City:	State: Zip:
Phone Number (if different for billing): () -	Email (if different for billing):	If paying by credit card via form, please complete:	
		Card Number:	
		Exp Date: /	CCV Code: Billing Zip Code:
Checks: make payable to "PASRS" and mail to: PASRS, PO Box 10156, Phoenix, AZ 85064 Questions? Call 602-845-1300 or Email admin@pasrs.org		Amount Paid: \$	Signature:



LEGAL AND RELEASE STATEMENTS

Privacy Practices and Use of Data:

The information gathered throughout the process of membership application is intended for the review of the PASRS's staff and/or Board of Directors. Certain parts of the application, are intended to be shared publicly. Generally speaking, shared information includes marketing-type content such as: company name, provided services, location, and contact data. PASRS utilizes application information solely for the purposes of processing new applications for membership and/or to verify that a member or prospective member has necessary documents. The information collected is not shared or distributed for any other reason. By signing below, I represent that I have reviewed the PASRS Privacy Practices and agree to the terms within it.

I, the undersigned, grant the Professional Association of Referral Specialists (the "Association"), and/or its authorized agents, the rights to use the information herein, as defined above, for informational, publicity, or promotional purposes without prior notification. I understand that this Information may appear in printed materials published by the Association, on the Association's website, in the Association's presentations or exhibits, in newspapers or magazines, or on television. I agree to hold the Association and its Members harmless from all claims related to the Association's or its agents' use of this Non-Confidential Business Information for these purposes. I also agree that the Association is under no obligation to me or any other party to use this Information. By my signature below, I represent that I have read and fully understand this Application for Membership Form.

Application Verification Release:

I hereby authorize PASRS, its agents, officers, directors, staff, or private investigators, to make inquiries, either by written communication, telephone, computer, in person or otherwise, to any current or former business associate, governmental agency, educational institution, military establishment, relative or any other persons or entities knowledgeable of backgrounds of the individuals listed on this Application as to their prior history, without limitation, their: criminal history, business records or personal background; corporate directorship/ownership, interest in business(es), nature of business of business dealings; prior claims, lawsuits, settlements; educational background, licenses, and certifications, work experience, nature of duties, performance levels; reliability, responsibility, honesty, integrity, civility, and any other measures of their character or personality.

In consideration of the furnishing of any such information by any party contacted by or on behalf of the Association, I and the business entity I represent, specifically waive any confidential relationship or privacy right which may exist for my (our) benefit and completely PASRS, and the part(ies) contacted from any responsibility or liability for damages or other injuries which may occur as a result of the release or disclosure of this information. I, and the business entity I represent, agree to indemnify and hold harmless anyone involved with the conduction of this investigation of my, or the business entities, background from any and all liabilities or claims in connection therewith. Photo static, faxed or any other copy of this instrument bearing my signature shall be equally legally valid as the original.

Use of PASRS' Name, Logo and Seal:

Applicant understands that PASRS name, logo and seal are proprietary properties of PASRS and the use thereof is strictly limited to PASRS and its Members in Good Standing. Upon applicant being approved to be a Member in Good Standing, the new member will be granted permission to use PASRS



proprietary properties, as indicated above, in their advertising materials and website for the time duration they are recognized as a Member in Good Standing with PASRS. If, for any reason, a Member loses their Member in Good Standing status with PASRS, the applicant agrees that they will immediately cease to use PASRS proprietary properties in their advertising materials and on their website until such time that their Member in Good Standing status with PASRS can be restored.

Applicant Verification:

I certify that to the best of my knowledge, that the information provided herein is accurate and complete. I further agree, in the event the business I represent becomes a Member of the Association that all disputes and claims, individual or severable, involving this Membership will be submitted to the Association's Board of Directors for final resolution. The decision rendered by the Board of Directors regarding any Member dispute or claim is binding, final, and cannot be appealed.

My company's current annual financial participation in the work of PASRS is the annual membership dues and is non-refundable. The term of Industry Membership is one year commencing on the first day of the month following notification of application approval. On each anniversary of that date thereafter, the Term shall be extended for an additional year, unless it is terminated by action of the Board of Directors or the Applicant

Name of Company: _____

Signature of Authorized Agent: _____

Name (please print or type): _____

Title: _____ Today's Date: _____



UNIVERSAL BEST PRACTICES POLICY

The Association's Best Practices are designed to promote honest and ethical conduct in Arizona's senior referral industry. They are also designed to facilitate and encourage prompt reporting of law and/or regulatory violations.

All PASRS Members will:

1. Maintain a business environment that fosters fairness, respect and integrity. It is the Association's policy that its members are lawful, highly principled and socially responsible in all business practices. All members are expected to become familiar with these Best Practices and to apply these guiding principles in the daily performance of their business activities and responsibilities.
2. Operate their businesses with due diligence and professional care in accordance with professional standards and best practices.
3. Serve in the interest of their clients and business organizations in a lawful and honest manner, while maintaining high standards of conduct and character and not engage in acts discreditable to the industry or to the Association.
4. Maintain the privacy and confidentiality of information obtained in the course of their duties, unless disclosure is required by legal authority. Such information shall not be used for personal benefit or released to inappropriate parties.
5. Ensure that all employees maintain competency in the senior referral industry and other respective fields as applicable.
6. Agree to undertake only those business activities, clients, or commitments, which they can reasonably expect to service or complete in a timely manner and with professional competence.
7. Have a written client problem resolution and/or client complaint process policy in place that promptly addresses and resolves problems, issues or conflicts in a timely manner and with professional competence.



PASRS INDUSTRY MEMBERS BEST PRACTICES

1. PASRS Industry Members will submit to and honor all of the Universal Best Practices found in Universal Best Practices Policy.
2. PASRS Industry Members submit to and honor all Medicare/Medicaid policies at hospitals and skilled nursing facilities, home health and hospice companies regarding vendor visitation, gifting and compensation for referrals. PASRS Members will not pay for or compensate for referrals from any of these companies.
3. PASRS Industry Members will utilize a written Service Agreement to be signed by client or client's legal representative when service is initiated. At a minimum, PASRS suggests the Service Agreement contain identification of the placement agency, client, description of how referral and placement services will be performed, and description of compensation arrangement.
4. In accordance with federal and state laws, no fees of any kind can be charged or accepted for residents that are already approved or accepted into the ALTCS/Medicaid program.
5. There are exceptions to be considered when ALTCS/Medicaid approved patients are placed into a facility and a room upgrade is arranged for privately, between the family/responsible party and the receiving facility. In this instance, private pay money can be subjected to an arranged referral fee.
6. PASRS Industry Members should arrange for personalized initial interviews of clients and tours of homes and facilities when possible.
7. Prior to tours of homes or facilities, PASRS Industry Members should review the most recent DHS surveys when scheduling and planning tours of homes or facilities.
8. PASRS Industry Members will not knowingly work with homes or facilities that may recover referral fees from residents or families of residents.
9. PASRS Industry Members will familiarize themselves with the Arizona Revised Statutes and Arizona Administrative Code regarding assisted living law, with particular attention paid to residency agreements, referral fees, refund policies, termination clauses, and caregiver and manager training.
10. PASRS Industry Members will not engage in the practice of moving or relocating a previously placed client for additional economic gain (known as "churning").
11. PASRS Industry Members will attend at least 50% of monthly (6) membership meetings during calendar year.
12. PASRS Industry Members will acquire and maintain active business professional liability insurance in the amount of \$1,000,000 per occurrence. Members will provide PASRS with proof of insurance at the time of membership initiation and at renewal each year.



13. PASRS Industry Members should routinely familiarize themselves with the changing landscape of homes and centers in the community they serve, so as to always aspire to bring the best resources forward to their clients.
14. PASRS Industry Members should assist the homes, centers, and residents in resolving any and all questions regarding pricing, residency agreements, furnishings, services provided, and support services that may be indicated prior to the resident moving into the facility.
15. PASRS Industry Member Agents should disclose and promote their membership with PASRS to their clients.

I, and the business entity I represent, have read and agree to abide by the PASRS Best Practices Agreement. I understand I am responsible for operating under these guidelines. If I, and the business entity I represent, fail to comply with this agreement, I understand disciplinary action could be taken, including loss of membership after a Board of Directors investigation.

Name of Business: _____

Signature of Authorized Agent: _____

Printed name of Authorized Agent: _____

Title: _____ Date: _____



PASRS GRIEVANCE POLICY

Policy

It is the policy of PASRS to have a procedure and expectation that members will abide by the Best Practices set forth by the Board of Directors (the "Board"). In the event there is a question regarding adherence to these Best Practices, the Board has a policy in which a member, affiliate member, or non-member can initiate a grievance against a PASRS member. The grievance is reviewed by the Ethics Committee and the Board. As a condition of membership, members agree to abide by the recommendations made by the Ethics Committee and Board.

Procedure

- 1) All members will submit to and sign the Grievance Policy at the time of their application form membership to PASRS. Signing the Policy designates the member's willingness to submit to the findings and recommendations of the Ethics Committee and the Board.
- 2) The initiator of the grievance will notify the Board of the intent to file a grievance and complete the Grievance Form. All grievances must be filed with the Board President and no action shall be taken on any grievance until the Grievance Form is filed. After the grievance is filed with the Board President, such individual will notify the members of the Ethics Committee and provide copies of all submitted documentation to Ethics Committee members.
- 3) The Ethics Committee will meet and review the grievance within 14 days of the filing of the grievance. The Ethics Committee will make their recommendations to the Board within 30 days after their initial meeting, unless otherwise extended by good cause. Ethics Committee recommendations shall be obtained by simple majority vote.
- 4) The Board will hold a hearing with the agency named in the grievance to review the findings and recommendations submitted by the Ethics Committee. Such hearing shall be held within 30 days of the Ethics Committee submitting its findings and recommendations, unless otherwise extended by good cause. At the conclusion of the hearing, the Board will vote on whether to accept the findings and recommendations of the Ethics Committee by a simple majority vote. All recommendations will be made in writing and become part of the agency file that the Board keeps on all members.
- 5) Grievances substantiated after votes by the Ethics Committee and the Board that involve a violation of the Best Practices of PASRS can be grounds for the termination of membership.
- 6) Other than the publication of recommendations discussed in Paragraph 4 or as otherwise required by law, all matters regarding grievance complaints will remain confidential to the Ethics Committee, the Board, and the agency involved. Notwithstanding this Paragraph, the party initiating the grievance shall be entitled to notice of the findings and recommendations of the Ethics Committee and the Board.



- 7) The purpose of this policy is to promote consistency and integrity among professionals serving Arizona's elderly population. The intention and spirit of PASRS policy is to clarify best practices and support professionals in their quest to serve Arizona's elderly. This policy is not intended as a punitive action, but rather an educational tool designed to remedy poor practices through self-regulation.
- 8) Every member indemnifies and holds harmless any participant of the Ethics Committee or the Board engaged in the application of this Policy for all actions taken consistent with the investigation, hearing, and resolution of any grievance.
- 9) This Policy may be amended from time to time to reflect the procedures necessary to achieve PASRS' goals. Prior to the adoption of any amendment to this Policy, the proposed amendment shall be made available to all PASRS members for comment. Any proposed amendment can be adopted by majority vote of the Board 30 days after publication to PASRS' membership and shall become effective 30 days thereafter.

ACKNOWLEDGEMENT

Acting as an authorized agent, I hereby acknowledges receipt of PASRS Grievance Policy and agree to be bound by its provisions and the recommendations of the Ethics Committee and the Board.

Name of Business: _____

Signature of Authorized Agent: _____

Printed name of Authorized Agent: _____

Title: _____ Date: _____



GRIEVANCE FORM

Date initiated: _____

Reason for grievance (please detail cause for concern): _____

Date reviewed by Ethics Committee: _____

Ethics Committee Review (Complete here or attach detail of findings) _____

Ethics Committee Recommendation _____

