

## **Assisted Living Residence & Comprehensive Personal Care Home Resident Profile Survey Enrollment Form for New Organizations**

**Please complete the following information and email to [alsurvey@njha.com](mailto:alsurvey@njha.com)**

*Please note: A user name and password are required. Each facility will have two user accounts. The user name will be the email address; an initial password will be assigned. The first time you log on to the survey site, you will be prompted to change your password.*

### **Facility Information**

**Facility Name:**  
**License Number:**  
**Facility Address:**  
**City:**  
**State: NJ Zip:**  
**County:**  
**Telephone:**  
**Fax:**

### **Administrator Information**

**Administrator Name:**  
**Administrator Credentials: LNHA CALA (circle as applicable)**  
**Administrator's Email & Phone:**

### **Assisted Living Resident Profile Survey Primary Contact Information**

*Please indicate who will be completing the Electronic Assisted Living Resident Profile Survey. It is preferable that this person be different from the Administrator.*

**Primary Contact Name:**  
**Title:**  
**Email:**  
**Phone:**

### **Assisted Living Regional/Corporate Operations Contact Information**

**Name:**  
**Title:**  
**Email:**  
**Phone:**