



Application for the LiveWell Method™ Virtual Learning Collaborative (VLC)

TO APPLY:

- 1) Fill out the application and sign the participation agreement below.
- 2) Click "submit."
- 3) Attach a letter of support from your organization's owner, CEO, or regional director.

If you prefer, you can download an [application PDF](#), fill it out, and email the completed application and letter of support to our [Program Coordinator](#).

Our Virtual Learning Collaborative (VLC) consists of:

- 15 sessions focused on core leadership and foundational practices of quality improvement
- One hour each
- Multiple facilities in each cohort

Currently, Virtual Learning Collaboratives are offered quarterly.

Application Date

MM	DD	YYYY
----	----	------

Select Your Preferred Cohort

- Currently enrolling cohort
 Please contact me about a future cohort

Name of Person Applying*

First Name	Last Name
------------	-----------

cont.

Pronouns

Company Email*

Personal Email

Best Phone Number for Contact Person*

###	###	####
-----	-----	------

Name of the Facility/Community*

Address of the Facility/Community:*

<i>Address 1*</i>		
<i>Address 2</i>		
<i>City*</i>	<i>State/Province*</i>	<i>Zip/Postal Code*</i>
<i>Country</i>		

Name of the Business Owner:*

Name of Management Company (if different than owner):

License Type (Assisted Living or Residential Care):*

- Assisted Living Facility (ALF)
- Residential Care Facility (RCF)
- Skilled Nursing Facility (SNF)
- Program for All-Inclusive Care for the Elderly (PACE)
- Continuing Care Retirement Community (CCRC)

Memory Care Endorsement?*

- Yes
- No

Other Contract Type (e.g.: mental health):

Number of Beds:*

Does your community accept Medicaid as payment for any current residents?*

- Yes
- No

Is your community For-profit, Non-profit, or Other?:*

- For-profit
 - Non-profit
 - Other (please specify)
-

Your response to the following questions will help our coaches fully understand what you hope to get out of LiveWell and the problems you are facing and therefore, we can best meet your needs.

This information is confidential. Please complete all of the following questions.

a) How many staff (all types) do you employ today?*

b) How many residents do you have today?*

c) What drives your community to be involved in LiveWell?*

d) What is your community's existing experience with improvement work? Is there any improvement work currently underway? If so, please describe.*

e) What were the results of your most recent State Survey? What issues were identified that you are working on?*

f) What do you believe are the top 3 problems your community faces today?

g) What else would you like us to know?

Requirement for Participation:

The following are required for participation in a LiveWell Learning Collaborative.

Attendance at weekly LiveWell training events over a 15-week period:*

Please acknowledge your agreement by checking both boxes:

1) *The Administrator must attend the first four sessions on leadership. After the first session, Administrator attendance is optional, but in our experience the more support the Administrator shows by learning alongside staff, the more successful the community will be. Any staff person who is responsible for mentoring or training others should be present for the first leadership sessions.*

2) *A team of 3-5 or more must attend all remaining sessions. Select your team based on who is a formal or informal leader. They can come from any area, including activities, caregiving, housekeeping, dining, maintenance, or nursing. They are people who have the respect of their peers, often people who have been there the longest, and are open to change.*

- The administrator and key leaders will attend the first four sessions.
- A team of 3-5 will attend all remaining 11 sessions.

The Administrator must be a champion for their LiveWell team.*

Although we don't require the administrator to attend all the training events, the administrator must be a cheerleader, a supporter, and a champion of the team that is implementing LiveWell. The trainer/coaches will offer guidance and support to administrators on how to be a champion. If the administrator is not fully on board, the LiveWell Method will not work.

- The Administrator agrees to champion and support LiveWell.

The Administrator also agrees to the following:*

Please acknowledge your agreement by checking all boxes:

- To encourage all team members to complete a brief online survey at beginning and end of the collaborative
- To submit a separate letter of support from the CEO, owner, or regional director
- To submit a signed participation agreement
- Images, interviews, testimonials, and excerpts from recorded meetings may be used by the LiveWell staff to demonstrate program benefits