



COALITION MEMBERSHIP FORM

Purpose: By completing and returning this form, you indicate an interest in becoming or staying involved in the Coalition for Elder Justice in Connecticut. As a Coalition member, you become part of a system of public and private stakeholders working together to achieve the vision and goals of the Coalition to prevent elder abuse and protect the rights, independence, security, and well-being of vulnerable elders through communication and collaboration.. You and/or your organization may be identified on the website as a member of the Coalition for Elder Justice in Connecticut, receive information and updates, and have opportunities to participate in Action Teams / Workgroups, Seminars, Conferences or other implementation activities of the Coalition.

Instructions: Please complete **both** sides of this form and return to marie.peck.llewellyn@ct.gov. The Organization Description will be included on the Coalition website. Please save this form as a word document, fill it out and return it as an attachment to marie.peck.llewellyn@ct.gov.

Contact Information:

Contact Name: _____ Credentials (optional): _____

Position: Title: _____

Name of Agency or Organization: _____ Name of Program or Service: _____

Street Address: _____ City/Town: _____ State: _____ Zip: _____

Telephone No. _____ Fax No. (____) ____ - ____

E-mail: _____

Website: _____

- I will be participating as the designated representative for my agency/organization.
- My agency/organization will provide a link on our webpage to the Coalition for Elder Justice in Connecticut webpage (<http://elderjusticect.org/>): Yes No
- The scope of my agency's /organization's work is (check one): Statewide Regional Local Tribal

Please indicate which sector best describes your agency/organization (select one)

<input type="checkbox"/>	<input type="checkbox"/> Elected Official (state or local)	<input type="checkbox"/> Justice/Law Enforcement
<input type="checkbox"/> American Indian Tribe	<input type="checkbox"/> Faith Community	<input type="checkbox"/> Legislative Committee
<input type="checkbox"/> Business and Industry (health insurer, other business, professional assoc.)	<input type="checkbox"/> Health Care Provider (medical, dental, behavioral)	<input type="checkbox"/> Philanthropy
<input type="checkbox"/> State agency or office	<input type="checkbox"/> Local Health Department	<input type="checkbox"/> Health Professional Associations
<input type="checkbox"/> Community Service Providers (Elder, Family/Youth, special populations)	<input type="checkbox"/> Housing/Building Safety	<input type="checkbox"/> Transportation
<input type="checkbox"/> Education (Higher Ed/Technical College)	<input type="checkbox"/> Non-profit Organizations and Coalitions (e.g.,AAA,, LGBT, etc.)	<input type="checkbox"/> Other (please specify): _____

ORGANIZATION DESCRIPTION FOR WEBSITE

SAMPLE:

(Organization Name and subdivision if required)

Center for Elder Abuse Prevention at Jewish Senior Services

(Description – Please limit to 100 words or less)

The Center for Elder Abuse Prevention serves frail elderly in Fairfield County. Its mission is to empower victims of elder abuse and champion safe communities for older adults. Primary services include: Crisis Shelter and Geriatric Services for victims facing immediate threats; Telephone Helpline with trained victims' advocates to offer assistance and referrals; Collaboration with allied professionals and coordination of the community-based Coalition for Abuse Prevention of the Elderly (CAPE); and Public Education and Outreach to bring awareness to the growing problem of elder abuse.

Contact

Helpline 203-396-1097

Email: elderabuseprevention@jseiors.org

Primary Contact: Laura Snow Robinson

Website: <http://jhe.org/services/advocacy-education/elder-abuse-prevention/>

SUBMISSION:

Organization Name and subdivision as required:

Description – Please limit to 100 words or less:

Contact:

Business or Helpline Telephone Number:

Email:

Primary / Secondary Points of Contact:

Website: