

Watch for further information on modifications

Basic Criteria

- Residents/Elders must be actively involved in the development and implementation of the program
- The program can take place in any level of care community
- The program must in some way be serving the greater community (town, city, state, nation) or the greater good
- The program must have been fully operational for at least 6 months
- The program must incorporate Residents/Elders, demonstrating *hands on* participation and being a part of program leadership

Using this document to complete your application

- Save this document on your computer
 - Use the following process to name the Application document:
 - **Community Name Application**
 - i.e. Happy Home Application
 - This document is a fillable PDF. All fields must be completed before this form can be considered for review.

For questions pertaining to the form or the process, please email Joan Devine, Director of Education at joan.devine@pioneernetwork.net

PLEASE COMPLETE ALL FIELDS

Information about the individual completing this application (this person will be the contact person throughout the application process)

| First Name: | | | |
|-----------------------------|--------|------|--|
| Last Name: | | | |
| Organization: | | | |
| Title: | | | |
| Address of Care Community: | | | |
| Address 2: | | | |
| City: | State: | Zip: | |
| Country (if other than US): | | | |
| Phone: | | | |
| Cell Number: | | | |
| Email Address: | | | |
| Website: | | | |
| | | | |
| Level of Living | | | |
| Adult Day Care | | | |
| Affordable Housing | | | |
| Assisted Living | | | |
| Independent Living | | | |
| Memory Care | | | |
| Nursing Home | | | |
| Other | | | |

Program Information Name of the Program: _____ Date Program was launched (approximate) _____ Tell us about the team who developed this program (i.e. who they were, their roles in the community, the talents each person brought to the team) How does this program enhance meaning and purpose for the Elders who participate in it? How does this program benefit the care community? Who is/are the greater community partner(s)? How does this program serve the greater community? What need is it meeting? What is the plan for sustaining this program?

| Describe any challenges that you have had to overcome in developing your program (i.e. buy-in |
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| from the greater community, gaining the support of Residents/Elders, staff or organizational |
| leadership, obtaining necessary funding) and how you overcame these challenges. |
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| Describe how you support increased Residents'/Elders' participation in the program. |
| (i.e. a resident with significant cognitive or physical challenges or someone who may have |
| been isolated / did not engage with others). Include how you used innovation, the adaptation |
| of equipment or processes, or other means in order to support the ability of Residents/Elders |
| to serve? |
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Additional information required

Please include the following testimonials (written or short video):

- Testimonial from a resident who is involved in the program
- Testimonial from a care community staff member
- Testimonial from community partner
- Testimonial of a family member

We encourage you to provide any additional information that will help us to better understand your program. (i.e. photos, brochures, flyers from events)

Videos supporting your application, showing your program in action, are strongly encouraged. They do not need to be professionally made. For tips on creating a short video on your cell phone, click here.

Submitting your application

- After completion, submit the application and all supporting documents by uploading them
 using the UPLOAD link at https://www.pioneernetwork.net/about-usoverview/communitycommitment-award/community-commitment-awards-application/ or by emailing to
 joan.devine@pioneernetwork.net
- Testimonials can be on one document/one video or submitted as individual documents/ videos
 - Use the following process to name testimonials
 - Community Name Testimonial All, or <u>Community Name</u> Testimonial Resident
 - i.e. Happy Home Testimonial Resident, Happy Home Testimonial Staff

If submitting additional documents to support your application, please name them using the community name followed by what they are

- Happy Home Program Brochure, Happy Home Photo1, Happy Home Photo2, etc.
- If video submission is on YouTube. please provide the link