

Trumbull Advocacy and Protective Network
PO Box 256 Brookfield, Ohio 44403

Application for TAPN Membership*
(Full Network)

Continued membership is automatic for active members in good standing. Individual organization membership can be discontinued at any time upon written notice by the TAPN Executive Board or from such organization's CEO or Board of Directors.

Name of Organization _____

Address _____ City _____ Zip _____

Office Phone _____ Fax _____ General Agency E-mail _____

Executive Director (or Equivalent) _____

Title _____ E-mail _____

ED's Designee to Full Network (if necessary) _____

Title _____ E-mail _____

Representative to Clinical Committee (if different from above) _____

Title _____ E-mail _____

Please describe the primary function of your organization.

Briefly describe why you/your agency wants to be a Member of TAPN. Also, please include information on how you feel you may contribute to the Mission of TAPN.

REQUESTED ATTACHMENTS:

With this application, please include a copy of your organization's most recent brochure(s), annual report, client dispute resolution policy/procedure and a business card from each staff member listed above!

*TAPN membership includes all public systems with mandates which include high-risk older persons and their families in Trumbull County and agencies which are funded by public systems and/or provide services to high-risk older persons and their families.

Requirements for TAPN Membership:

Listed below are several requirements for membership. Your signature on this application indicates that your organization agrees to meet them if selected for membership.

1. The Executive Director/Chief Executive Officer/Equivalent will serve as the representative to the TAPN Full Network.
2. A Designee may be appointed to the Full Network if such designee has the authority to commit the agency in matters of program, policies and finances.
3. Your agency will attempt to appoint at least one representative to the TAPN Clinical Committee if your agency provides any type of direct services/front-line services to seniors.
4. Your agency will commit the human resources required, and if possible the financial support requested, to fully participate.
5. Attendance is expected unless impossible and promptness at meetings is essential to productivity.
 - The ED/CEO will attend the required annual cross-training (with appropriate agency staff) and the quarterly Full Network meetings unless an unavoidable conflict occurs. Whenever possible, he/she will give advance notice to the Coordinator when absence is anticipated and discuss the appropriateness of sending a stand-in.
 - Agency representative(s) appointed to the Clinical Committee are expected to attend monthly meetings as scheduled.
6. The ED/CEO will learn as much as possible about the problem of elder abuse, neglect and exploitation and how to respond to its victims and share this knowledge, as much as possible, with his/her staff.
7. All agency representatives will provide professional opinions, advice and suggestions, as appropriate, regarding topics presented within their field of expertise.
8. All agency representatives will be available for telephone consultation as appropriate.
9. All members are expected to advise and assist TAPN in the development and implementation of procedures intended to improve the senior services system within Trumbull County and to identify and fill gaps within that system.
10. All members will, to the extent possible, assist in educating colleagues and the public about the needs of seniors in our community and the available resources.
11. All members will respect and maintain the confidentiality of clients in the senior services system.
12. The highest level of professionalism and ethics is expected from all TAPN members at all times.

TAPN Mission:

To address the special needs of older adults who are being served by more than one system and whose situation warrants extraordinary interventions.

To advocate for efficient and effective allocation of resources to address those needs.

To promote the highest level of collaboration for the ultimate good of older adults, their families, and the community.

Statement of Commitment:

As ED/CEO/Equivalent of the organization listed on the reverse of this form, I agree with and accept the MISSION of the Trumbull Advocacy and Protective Network and further pledge my agency's commitment to the "Requirements for TAPN Membership" listed above, if selected for membership.

Executive Officer's Signature _____ Date _____