

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 Full Network vote or with written notice from such organization's CEO or Board of Directors.

Name of Organization _____

Address _____ City _____ Zip _____

Office Phone _____ Fax _____ General Agency E-mail _____

Date Organization Began Operations in Trumbull County _____ (18+ Months Required)

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 _____

Is your organization (please circle one): Non-Profit For-Profit Governmental Other _____

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 _____

TAPN By Laws: Synopsis of Membership Requirements

Article VI - Membership

Section A:

All public systems with mandates that include high-risk older adults and their families in Trumbull County.

Agencies that are funded by the public systems and/or provide services to high-risk older adults and their families.

The Chief Executive Officer of each agency shall be required to serve as the agency's representative to the Network. An agency designee may be acceptable to the Network if such designee has full authority to represent and bind their agency in matters of programs, policies, and financial matters, which could be beneficial to the mission, purpose, principles, policies and plans, of the Network. Each non-profit/governmental member organization will be entitled to one vote per agenda item regardless of the number of representatives they have present. Associate members are not permitted to vote.

Section B - Network Meetings:

The Network shall meet to share information; receive special oral and written presentations; organize community forums; share grant opportunities; organize, participate in, and oversee needs assessments; and coordinate and collaborate with programs for older adults and their families. The Network shall be the clearinghouse of information about older adults and their families in the community. Any member who would like to recommend a topic for the agenda may contact the Chairperson or Executive Director/Coordinator for inclusion of this topic.

Network success is dependent on the support and attendance of all members. TAPN normally holds a total of 14 meetings a year (not counting trainings and networking opportunities). Any member that does not attend at least three of these meetings may be removed from the membership roster. A Full Network vote will be required to remove a member from the membership roster.

Section C - New Members:

All potential members will complete an *Application for TAPN Membership* and submit it to the TAPN Chair and Executive Director/Coordinator for review. The mission of the applying agency/organization must be compatible with the mission of TAPN. Following acceptance of that application, the applicant will be granted permission to attend TAPN events and trainings, as a guest, while awaiting a Full Network vote. At the next regularly scheduled Full Network quarterly meeting following the completion of the below requirements, the members will hear a brief presentation from the applicant(s) and either accept or decline membership to the Full Network by a majority vote. If approved for Full membership, the new member will then complete a *Declaration of Agency Membership* form, be added to the official TAPN roster and be invited to the next regularly scheduled Full Network quarterly meeting. If the application is declined by the Full Network, the organization will not be permitted to join TAPN at that time. Throughout this process, TAPN will make every effort to keep the prospective member informed as to the status of their application.

All new applicants to TAPN must be an established organization within Trumbull County having served seniors in our community for at least 18 months. Each new applying organization must also be sponsored by two current members whose signatures must appear on their application. All organizations considering TAPN membership must attend two Full Network meetings before the Full Network can vote on their membership application.

Community businesses/organizations that are neither non-profit nor governmental entities may apply to join TAPN as "Associate Members". Increased scrutiny will be applied to the review of these applicants. If accepted for membership (through the process described above), they will be invited to attend and participate in all discussions at all TAPN Full Network meetings and trainings and they may serve on TAPN committees. The purpose of their attendance, like that of all TAPN Full Network members, will be to provide input intended to improve senior services throughout Trumbull County from the perspective of their unique specialty area. However, in keeping with the altruistic focus of TAPN's work, the shared responsibility for community resources held by the non-profit and governmental agencies and the differences in the regulations/certifications applied to the for-profit sector, these "associate members" will not be permitted to vote.

Section D - Organizational Support:

All members are expected to help support the operation of TAPN. However, there are many ways to meet that obligation. Although members are encouraged to become as involved in TAPN as their situation allows, each member organization is expected to participate in one or more of the following ways:

- An annual monetary membership contribution
- Present at least one CEU certified Senior Focus Series session
- Give at least one 15-20 minute presentation on your agency's area of expertise to a TAPN Full Network or Clinical Committee meeting
- Provide clerical support/printing assistance for at least one event (Full Network meeting, Cross Training, etc.)
- Provide other in-kind support to TAPN operations (meeting/event space, meeting/event refreshments, etc.)

Sponsoring TAPN Member #1:

ED/CEO Sign: _____ Date: _____

Sponsoring TAPN Member #2:

ED/CEO Sign: _____ Date: _____

Dates/Initials Full Network Meetings Attended: #1 _____ #2 _____