

Coalition Membership Application

Arkansas Lifespan Respite Coalition



Name of Organization:

Address of Organization:

Name of Organization's Representative:

(note: Organization Representative must be able to make decisions on behalf of the organization when it comes to work with the coalition and actively participate in coalition activities)

Representative's Title/Credentials:

Email Address:

Representative Phone- Work:

Cell:

Alternate Contact:

(note: Alternate Contact must be an alternate organization representative who can make decisions on behalf of the organizations when it comes to work with the organization and actively participate in the coalition if the representative is unavailable)

Alternate Email:

Alternate Phone:

Organization's Website:

Organization's Mission Statement:

Please select a designation for type of organization applying for coalition membership:

- | | | |
|----------------|-------------------------------|----------------------------------|
| Advocacy Group | Medicaid/Medicare Provider | Academic Organization |
| Non-Profit | Other Healthcare Organization | State Government Office/Division |
| Arkansas PASSE | Other, please specify: | |

Please indicate a Regional Designation or a State-wide Designation for your Organization's Involvement:

- | | |
|--|---|
| State-wide Designation (Organization has statewide presence) | Regional Designation (Organization has a regional presence) |
|--|---|

Select below one or more Arkansas Regions as appropriate for your participation. See attached map of Arkansas regions.

- | | | | |
|-----------|--------------|-----------|-----------|
| Northwest | White River | East | Southeast |
| Central | West Central | Southwest | West |

How much time per month can your organization or your organization's representative dedication to coalition work?

How did you hear about the Arkansas Lifespan Respite Coalition?

What is your organization looking to gain from participating in the coalition?

As a Coalition member, the undersigned organization commits to:

- Assisting in the achievement in Arkansas of one or more goals of the Arkansas Lifespan Respite Program, via collaboration with other coalition members. Our organization's priority goal of interest is:
Policy/Legislation Organizational Practices Development/Training Funding Opportunities
Strategic Planning Outreach/Education Other:
- Identifying and pledging to implement one or more specific tactics/actions to meet the priority goal listed above. The potential tactics to meet the selected goal(s):
- Identifying, inviting and recruiting another entity to join the Arkansas Lifespan Respite Coalition within one year of joining.
- Creating at least annually a Campaign for Action presence or focus at an entity or organizational event. Provide examples of how this will be accomplished:
- Assisting with soliciting support for the Arkansas Lifespan Respite Program through the Arkansas Lifespan Respite Coalition. How might the applying organization assist with soliciting support?
- Providing data to the Arkansas Lifespan Respite Program for evaluation purposes. Organization agrees to provide data related to achievement of Arkansas Lifespan Respite goals in Arkansas.
- Resolving conflict/disagreement through a designated conflict resolution process. Organization/entity agrees to resolve conflict/disagreement through appropriate channels and will notify one or more of the Arkansas Lifespan Respite Coalition executive committee members of such conflict if it arises. Together, the organization and the executive committee will seek resolution through conflict resolution process.

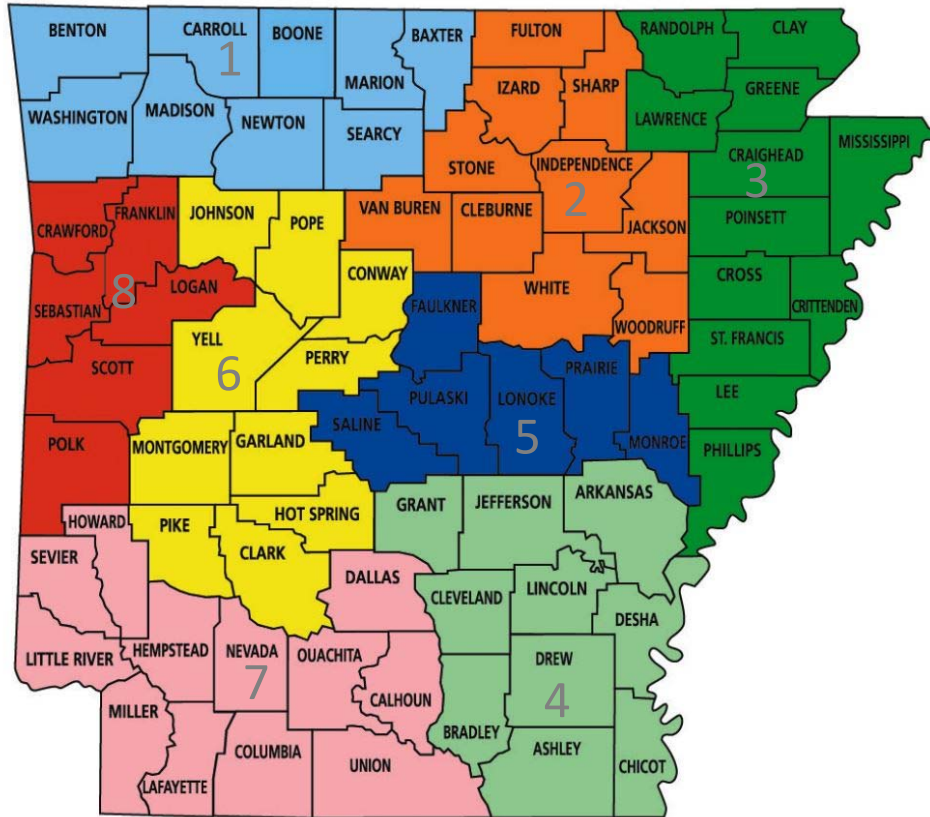
Signing below indicates the organization's intent in joining the Arkansas Lifespan Respite Coalition for the duration of the Arkansas Lifespan Respite: Integrity & Sustainability Grant Cycle (90LRLI0045) which runs through June 30, 2026 and agrees to the above conditions and terms.

Organization Representative

Signature Date

After completing the application, please save the application before forwarding as an email attachment to ARLifespan.Respite@arkansas.gov. If you prefer, you may also save, print and mail in a hard copy to:

Arkansas Department of Human Services
Division of Provider Services & Quality Assurance
ATTN: AR Lifespan Respite
700 Main Street
P.O. Box 1437, Slot S-428
Little Rock, AR 72203



1. Region 1-Northwest
2. Region 2- White River
3. Region 3- East
4. Region 4- Southeast
5. Region 5- Central
6. Region 6- West Central
7. Region 7- Southwest
8. Region 8- West