

Facility Partnership Form

Welcome. This form starts your partnership with Checkmate Community. Fill it out once and we will keep it on file and reference it for every visit. Takes about 5 minutes.

Facility Information

Facility Legal Name: _____

Doing Business As (if different): _____

Street Address: _____

City / State / ZIP: _____

Facility Type (Nursing / AL / Memory / Rehab / Senior Community): _____

Total Resident Capacity: _____

Typical Daily Activity Attendance: _____

Primary Contacts

Activity Director Name: _____

Activity Director Phone: _____

Activity Director Email: _____

Administrator Name: _____

Administrator Phone: _____

After-Hours Contact: _____

Partnership Preferences

Preferred Visit Frequency (weekly / monthly / quarterly / ad-hoc): _____

Preferred Day(s) of Week: _____

Preferred Time(s) of Day: _____

Interested Activity Types (music / bingo / crafts / holidays / memory care / other): _____

Any restrictions or facility policies we should know about: _____

Signature: _____ Date: _____

Printed name: _____ Title: _____

Return completed form to: info@checkmatecommunitytx.org | or hand to our on-site lead at your next visit.