

# Application for Senior Center Certification

This form serves as official notification to the Division of Aging and Adult Services (DAAS) that the senior center listed below has begun the certification process. **This application must be submitted one year before you want your site visit to take place. For example, if you want your visit between October 15-31, 2010 you must submit your application by October 15, 2009.**

Upon receipt of this form, DAAS will:

- Determine if your center meets the baseline criteria to be eligible for certification based on the questions about your center below.
- Set a date for a site visit based on the timeframe that you specify below.\*
- Schedule a date for the submission of the SCOPE self-assessment instrument.  
(The completed SCOPE is due to DAAS one month before the site visit. The completed SCOPE is due to your AAA two months before the site visit. You will receive a letter confirming these dates.)
- Notify the senior center director/manager and the Area Agency on Aging administrator for your county of the SCOPE submission deadline and site visit date.
- Provide the senior center director with a suggested outline for the site visit.

## Before submitting this application:

Does your center meet **all** the minimum criteria for certification below?      Yes              No

- ✓ Center has been fully operational for at least one year (for initial certification)
- ✓ Center has had a full-time director on site (37.5 or more hours per week) for at least one year, for initial certification, or five years, for recertification
- ✓ Center is at least 4,000 square feet and at least 3,200 square feet are available for senior center activities (not office space)

(See Certification Policies and Procedures for more information.)

Application date:	Name of center		
Mailing address:			County:
			AAA region:
Director/Manager's name:			Phone: (    )
Director/Manager's e-mail:			Fax: (    )
Secondary contact**:			Phone: (    )
Secondary contact's e-mail:			Fax: (    )
Two-week timeframe in which you would like to schedule the site visit: _____			

\*The Division will make every effort to schedule the site visit within the time period you specify. However, if we are unable to meet your timeframe, we will discuss alternative dates with you to arrive at a time that is mutually acceptable.

\*\*The secondary contact should be a member of the local team preparing for certification who can be reached by Division staff members in the event that they have questions or need to discuss the application in the director's absence.

(Continued)

In order to save paper and expenses, we would like to conduct certification business electronically (submitting your SCOPE tool, receiving confirmation letters, etc). This will require you to send and receive information via e-mail and print out applicable information. You are not required to conduct business electronically.

<input type="checkbox"/> I prefer to conduct business electronically	<input type="checkbox"/> I prefer to conduct business by regular mail
Submit this application to Leslee Breen at leslee.breen@dhhs.nc.gov	Submit this application to Leslee Breen at DHHS/Division of Aging and Adult Services 2101 Mail Service Center Raleigh, NC 27699-2101 FAX: 919-715-0868

Revised 9/28/2010