



Participation Agreement

Name of Facility: _____ Date: _____

Address: _____

Main Telephone Number: _____

We would like to join the Nevada MUSIC & MEMORYSM Initiative as provided by the Perry Foundation and as outlined in this agreement.

As a participating facility, we agree to complete all of the following requirements:

- ✚ Implement and maintain the Nevada MUSIC & MEMORYSM Initiative with a minimum of 20 residents that suffer from Alzheimer’s or other dementia related diseases. This implementation will include an individualized assessment and care plan for the use of an iPod Shuffle with a personalized music playlist as part of the care and treatment routine for each participating resident.
- ✚ Self-report results on a quarterly basis to the Perry Foundation MUSIC & MEMORYSM Coordinator throughout the duration of the program.
- ✚ Establish internal policy regarding the governance of the Nevada MUSIC & MEMORYSM Initiative. *(sample will be provided)*
- ✚ If we fail to comply with participation requirements for three months, the facility will be dropped from the program and required to return the equipment.
- ✚ Provide one laptop computer for the sole use of the Nevada MUSIC & MEMORYSM Initiative.
- ✚ Participation in an orientation webinar by a minimum of the four facility representatives designated below, upon acceptance into the program.
- ✚ The facility agrees to replace any equipment provided through the Nevada MUSIC & MEMORYSM Initiative should it become damaged or lost.
- ✚ The facility agrees to reassign the equipment to a new resident should the original person no longer reside in the facility or declines further participation.
- ✚ Provide a minimum of four employees to complete MUSIC & MEMORYSM training and implement the program consistently, including one representative from each of the categories listed below. Two of these representatives must be designated as project leads – a primary and an alternate. *(Indicate which two of these are project leads with an *)*



(1) Executive Leadership (*Administrator or other individual with decision-making authority*)

Name	Position	Email
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(2) Nursing leadership (*Director of Nursing, Clinical Nurse Educator, etc.*)

Name	Position	Email
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(3) Activities Director

Name	Position	Email
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(4) CNA

Name	Position	Email
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As a participating facility, we will receive the following:

- ✚ Certification for staff through three 90-minute training webinars and support provided by MUSIC & MEMORYSM for one year.
- ✚ 20 iPod Shuffles, headphones and AC adapters. One external speaker, one splitter, and \$175 in iTunes gift cards.
- ✚ Monthly webinars / conference calls with support from the Perry Foundation throughout the project period.

Please return this signed Participation Agreement to Lisa Cook at Lisa@PerryFoundationNV.org . Once received, you will be notified within 48 hours of your acceptance into the program and will be provided your next steps.

We agree to the participation requirements as described above and to meet all project expectations as outlined therein.

Signature (<i>Authorized Facility Representative</i>)	Print	Title
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