**Dignity Alliance Massachusetts (DAM)**

*Health & Independence for Elders and People with Disabilities*

**Membership Form**

Dignity Alliance Massachusetts (DAM) is a grassroots movement formed in 2020 to create and implement a vision of care and living options rooted in the dignity and well-being for older adults and people with disabilities. DAM actively advocates for a comprehensive, systemic restructuring of institutional care --- radical change to the underlying model of long-term care, including facility operations, and significant enhancement of public policies that support home and community-based options. Participants include aging and disability service and advocacy organizations, individual advocates, policy makers, legal service organizations and attorneys, and interested persons.

**Why DAM Is Necessary**

The Covid-19 pandemic has laid bare the inadequacies, limitations, and, in all too many instances, outright failures of nursing homes and other congregate settings where older adults and persons with disabilities reside and receive care.

* Over 5,000 deaths in Massachusetts nursing homes spanning four months --- nearly 15% of all nursing home residents in our state.
* Nature and function of nursing homes have remained essentially unchanged since the late 1960s and 1970s, following the implementation of Medicare and Medicaid.
* Nursing home residents all have disabilities and straddle all ages— it is our goal to support maximum health and dignity in the most-integrated settings.

**I agree to participate as Member of Dignity Alliance Massachusetts in pursuit of the stated Mission and in accordance with these Operating Standards:** \_\_\_ as a representative of my organization\_\_\_ as an individual

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By signing this form, you affirm that you have the authority to represent the named organization as indicated.*

***Please return to Dignity Alliance Massachusetts, 35 High St., Beverly, MA 01915 or DignityMA5@gmail.com***