

RESIDENT PROGRAM REQUEST FORM

COMPANY NAME Meredith Management SITE NAME BROOKSIDE TERRACE

SITE ADDRESS 11 Village Drive CITY/ZIP CODE Southbridge, MA 01550-3124

SITE PHONE (508) 764-7675 # OF UNITS 168

SITE MANAGER Rachel C. Lavallee RSC _____

DO YOU ANTICIPATE THE NEED FOR ANY REASONABLE ACCOMMODATION THAT YOU CANNOT PROVIDE? no IF SO, WHAT _____

PROGRAM SELECTED All New Wellness Is Now 1 1/2 hours.

DATES AND TIMES TO BE PRESENTED: _____

Leslie Korn (781) 643-1918

We agree that this program will not discriminate on the basis of race, religion, national origin, gender, family status or disability. Outreach and program activities will be accessible to all and will make necessary reasonable accommodations within the limits of the law.

We also understand the TAP does not fund a tenant education program with less than ten (10) participants. If after the second session there are fewer than ten (10) participants, the manager must call Denise Green (617) 854-1080 to discuss the advisability of continuing. The trainers will not be paid unless evaluation forms and attendance sheets are submitted with the invoice.

Manager or RSC signature Rachel C. Lavallee, prop. mgr.

Trainer's signature _____

Trainer's address _____

Date _____

Approved by TAP _____ Date Approved _____

PLEASE XEROX AS MANY BLANK COPIES OF THIS FORM AS NECESSARY.

RESIDENT PROGRAM PROCEDURES

Welcome to the 1997-1998 season of TAP CONNECTIONS Resident Programs!

The Tenant Education Program runs from October 1, 1997 to September 30, 1998. Every development enrolled in TAP is entitled to book Tenant Education Programs for their residents. **All resident program must be booked by June 30, 1998. The breakdown is as follows:**

Up to 174 units: 1 series & 1 single program or 4 singles

175 - 400 units: 2 series & 2 singles programs or 1 series and 5 singles

401 - 600 units: 3 series & 3 singles programs or 2 series & 6 singles

601 plus units: 4 series & 4 singles programs or 3 series & 7 singles

Please follow administrative procedures listed below when contracting for a tenant education program:

1. Contact the trainer listed on the brochure and arrange mutually agreeable dates and times. **Fill out the Tenant Education Request Form on the reverse side and mail it to the trainer for their signature.**
2. The trainers will forward all the requests to Denise Green in TAP for approval at **least 2 weeks prior to program start**. You will then receive written approval. **No tenant education program may begin without the advance approval from Denise Green.**
3. If you anticipate a reasonable accommodation need that neither the development nor the program provider can fill, or if such a need arises once the program begins, please contract Denise Green (617) 854-1080, TDD (617) 854-1025, or Fax (617) 854-1028 at TAP.
4. After the completion of the program, the trainer will ask the **Property Manager or the Resident Service Coordinator to sign off on his/her invoice**. The trainer is responsible for forwarding evaluation forms and attendance sheets with their invoice to Denise Green for payment.

Outreach should specify that those with disabilities may participate and that necessary reasonable accommodations will be made. Managers and trainers are responsible for recruiting participants. **A minimum of ten (10) participants is required in order for TAP to fund a program. If after two (2) sessions attendance is less than ten (10), please call Denise Green (617) 854-1080 to discuss whether or not a program can be continued. Trainers cannot be paid for continuing a program with less than ten (10) participants unless there has been prior approval. See brochure for programs requiring more participants.**

RESIDENT PROGRAM REQUEST FORM

COMPANY NAME J. Karam mgmt, Inc. SITE NAME St. Mathieu's
SITE ADDRESS 221 Wellington Street CITY/ZIP CODE Fall River MA 02721
SITE PHONE 508-679-8353 # OF UNITS 30
SITE MANAGER Martha Reed RSC Ellen M. Ouenette

DO YOU ANTICIPATE THE NEED FOR ANY REASONABLE ACCOMMODATION THAT YOU CANNOT PROVIDE? NO. IF SO, WHAT _____

PROGRAM SELECTED All New Wellness IS Now

DATES AND TIMES TO BE PRESENTED: June 9, 1999 10:00 AM

We agree that this program will not discriminate on the basis of race, religion, national origin, gender, family status or disability. Outreach and program activities will be accessible to all and will make necessary reasonable accommodations within the limits of the law.

We also understand the TAP does not fund a tenant education program with less than ten (10) participants. If after the second session there are fewer than ten (10) participants, the manager must call Denise Green (617) 854-1080 to discuss the advisability of continuing. The trainers will not be paid unless evaluation forms and attendance sheets are submitted with the invoice.

Manager or RSC signature Martha Reed

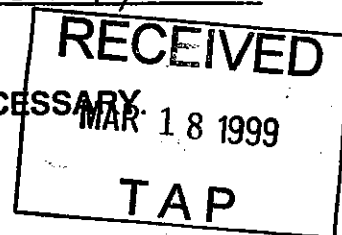
Trainer's signature [Signature]

Trainer's address 1770 Massachusetts Ave #624 Cambridge, MA 02140

Date 3-10-99

Approved by TAP [Signature] Date Approved 3-29-99

PLEASE XEROX AS MANY BLANK COPIES OF THIS FORM AS NECESSARY



The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author details the various methods used to collect and analyze the data. This includes the use of specialized software tools and manual data entry. The goal is to ensure that the data is both accurate and comprehensive, covering all relevant aspects of the study.

The final part of the document presents the results of the analysis. It shows that there is a clear correlation between the variables being studied. The data indicates that the proposed method is effective in achieving the desired outcomes.

RESIDENT PROGRAM REQUEST FORM

COMPANY NAME J. Karam Mgmt, Inc SITE NAME St. Mathieu's
SITE ADDRESS 221 Wellington Street CITY/ZIP CODE Fall River, MA 02721
SITE PHONE 508-679-8353 # OF UNITS 30
SITE MANAGER Martha Reed RSC ellen M. Ouenette

DO YOU ANTICIPATE THE NEED FOR ANY REASONABLE ACCOMMODATION THAT YOU CANNOT PROVIDE? NO. IF SO, WHAT _____

PROGRAM SELECTED All New Wellness 15 New

DATES AND TIMES TO BE PRESENTED: July 9, 1999 10:00 AM

We agree that this program will not discriminate on the basis of race, religion, national origin, gender, family status or disability. Outreach and program activities will be accessible to all and will make necessary reasonable accommodations within the limits of the law.

We also understand the TAP does not fund a tenant education program with less than ten (10) participants. If after the second session there are fewer than ten (10) participants, the manager must call Denise Green (617) 854-1080 to discuss the advisability of continuing. The trainers will not be paid unless evaluation forms and attendance sheets are submitted with the invoice.

Manager or RSC signature Martha Reed

Trainer's signature [Signature]

Trainer's address 1776 Massachusetts Ave #624 Cambridge, MA 02140

Date 3-10-99

Approved by TAP _____ Date Approved _____

PLEASE XEROX AS MANY BLANK COPIES OF THIS FORM AS NECESSARY.

F. 100

RESIDENT PROGRAM REQUEST FORM

COMPANY NAME Appleton Corp SITE NAME Prospect Hts
SITE ADDRESS 41 Chestnut St CITY/ZIP CODE Holyoke, MA 01040
SITE PHONE 413-536-2384 # OF UNITS 96
SITE MANAGER Terri Laramée RSC June O'Connor, RN

DO YOU ANTICIPATE THE NEED FOR ANY REASONABLE ACCOMMODATION THAT YOU CANNOT PROVIDE? No IF SO, WHAT _____

PROGRAM SELECTED All New Wellness is Now
DATES AND TIMES TO BE PRESENTED: Friday ~~May 21~~
June 18th 2pm

We agree that this program will not discriminate on the basis of race, religion, national origin, gender, family status or disability. Outreach and program activities will be accessible to all and will make necessary reasonable accommodations within the limits of the law.

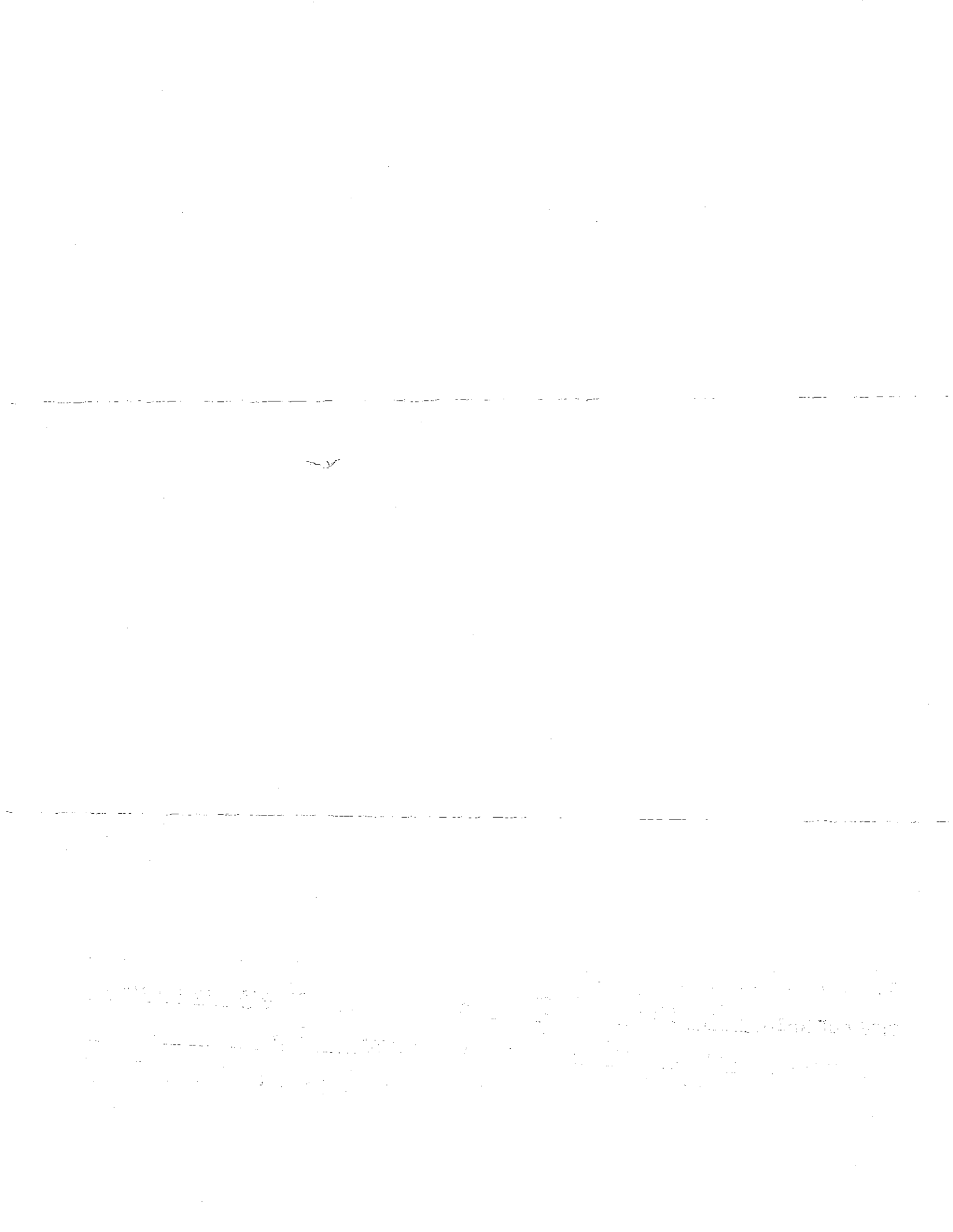
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Manager or RSC signature Terri Laramée
Trainer's signature [Signature]
Trainer's address 1770 Massachusetts Ave #624 Cambridge, MA 02140
Date 5-4-99
Approved by TAP [Signature] Date Approved 5-11-99

PLEASE XEROX AS MANY BLANK COPIES OF THIS FORM AS

NOVEMBER 21, 1997

RECEIVED
NECESSARY.
MAY 11 1999
TAP



RESIDENT PROGRAM REQUEST FORM

COMPANY NAME NODF SITE NAME Weeks House
SITE ADDRESS 7 Hereward St CITY/ZIP CODE Newton MA 02459
SITE PHONE 617 964 8644 # OF UNITS 73
SITE MANAGER DINA Troni RSC BARB Nesto

DO YOU ANTICIPATE THE NEED FOR ANY REASONABLE ACCOMMODATION THAT YOU CANNOT PROVIDE? NO IF SO, WHAT _____

PROGRAM SELECTED All new Wellnes is Now
DATES AND TIMES TO BE PRESENTED: Wed August 4th - 1999
@ 3pm

.....
We agree that this program will not discriminate on the basis of race, religion, national origin, gender, family status or disability. Outreach and program activities will be accessible to all and will make necessary reasonable accommodations within the limits of the law.

We also understand the TAP does not fund a tenant education program with less than ten (10) participants. If after the second session there are fewer than ten (10) participants, **the manager must call Denise Green (617) 854-1080** to discuss the advisability of continuing. The trainers will not be paid unless evaluation forms and attendance sheets are submitted with the invoice.

Manager or RSC signature [Signature] BARB Nesto
Trainer's signature [Signature]
Trainer's address Leslie Korn Assoc. 1770 Massachusetts Ave #624
Cambridge, Mass. 02140
Date 5/5/99
Approved by TAP _____ Date Approved _____



RESIDENT PROGRAM REQUEST FORM

COMPANY NAME Appleton Corp SITE NAME Michael's House
SITE ADDRESS 71 State St. CITY/ZIP CODE Northampton MA 01060
SITE PHONE 413-586-8896 # OF UNITS 80
SITE MANAGER Kathleen E. Laflaur RSC June O'Connor
DO YOU ANTICIPATE THE NEED FOR ANY REASONABLE ACCOMMODATION THAT YOU
CANNOT PROVIDE? _____ IF SO, WHAT _____

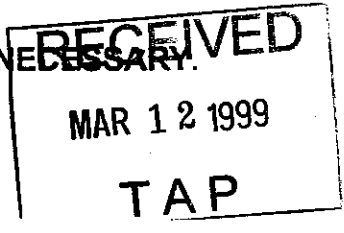
PROGRAM SELECTED All Wellness Is Now
DATES AND TIMES TO BE PRESENTED: Tues May 11, 1999 @ 10:00AM
Changed to June 4th @ 10:00am

We agree that this program will not discriminate on the basis of race, religion, national origin, gender, family status or disability. Outreach and program activities will be accessible to all and will make necessary reasonable accommodations within the limits of the law.

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Manager or RSC signature Kathleen E. Laflaur
Trainer's signature [Signature]
Trainer's address Leslie Korn & Assoc. 1770 Mass Ave #1024 Cambridge
Date 3/4/99 MA 02140
Approved by TAP [Signature] Date Approved 3-15-99

PLEASE XEROX AS MANY BLANK COPIES OF THIS FORM AS NECESSARY.





RESIDENT PROGRAM REQUEST FORM

COMPANY NAME Appleton Corp SITE NAME Michael's House
SITE ADDRESS 71 State St CITY/ZIP CODE Northampton MA 01060
SITE PHONE 413-586-8896 # OF UNITS 80
SITE MANAGER Kathleen E. Lafleur RSC June O'Connor

DO YOU ANTICIPATE THE NEED FOR ANY REASONABLE ACCOMMODATION THAT YOU CANNOT PROVIDE? NO IF SO, WHAT _____

PROGRAM SELECTED All Wellness Is Now
DATES AND TIMES TO BE PRESENTED: Tues. Feb 16, 1998 @ 10:00 AM
rescheduled MAY 11th ->

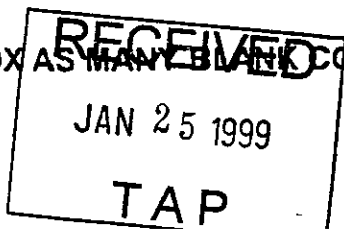
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Manager or RSC signature Kathleen E. Lafleur
Trainer's signature _____
Trainer's address 1770 Massachusetts Ave #624 Cambridge MA 02140
Date _____
Approved by TAP [Signature] Date Approved 3-2-1999

PLEASE XEROX AS MANY BLANK COPIES OF THIS FORM AS NECESSARY.

NOVEMBER 21, 1997



[Signature] Denise Green | TAP | MHFA
1 Beacon St.
Boston 02109

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10. 11. 1950

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