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 Karn (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.

NOVEMBER 21, 1997

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. Guenette

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

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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

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MAR 18 1999
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PLEASE XEROX AS MANY BLANK COPIES OF THIS FORM AS NECESSARY.

NOVEMBER 21, 1997

RESIDENT PROGRAM REQUEST FORM

COMPANY NAME J. Karam Mgmt, Inc SITE NAME St. Matthew'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. Guenette

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

PROGRAM SELECTED All New Wellness is New

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 [illegible]

Trainer's address 1770 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.

NOVEMBER 21, 1997

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 Laramee 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

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Manager or RSC signature Terri Laramee

Trainer's signature

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

Date 5-4-99

Approved by TAP Date Approved 5-11-99

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MAY 11 1999
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NOVEMBER 21, 1997

RESIDENT PROGRAM REQUEST FORM

COMPANY NAME NCDF SITE NAME Weeks House

SITE ADDRESS 7 Hereward St CITY/ZIP CODE Newton MA 0245;

SITE PHONE 617 964 8644 # OF UNITS 73

SITE MANAGER DINA Tróni RSC BARB Nesto

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: Wed August 4th - 1999 @3pm

****

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Manager or RSC signature BARB Nesto

Trainer's signature

Trainer's address Leslie Korn + Assoc. 1770 Massachusetts Ave #624 Cambridge, Mass. 02140

Date 5/5/99

Approved by TAP Date Approved

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 21 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? _____ 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

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Manager or RSC signature Kathleen E. LaFleur

Trainer's signature [signature]

Trainer's address Leslie Korn + assoc. 1770 Mass ave #624 Cambridge MA 02140

Date 3/4/99

Approved by TAP [signature] Date Approved 3-15-99

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NOVEMBER 21, 1997

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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 →

****

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. Lafleur

Trainer's signature

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

Date

Approved by TAP Date Approved 3-2-1999

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

NOVEMBER 21, 1997

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JAN 25 1999
TAP

Denise Green | TAP | MHFA
1 Beacon St.
Boston 02109