

Fair Housing 2014 – Provider Issues and Answers

New Jersey Hospital Association, Princeton, NJ

Nov. 12, 2014

AGENDA

8:15 a.m. *Registration and Continental Breakfast*

9:00 a.m. **Fair Housing and Senior Housing Providers**

- Protected Categories
- Types of Housing Covered
- Discriminatory Activities
- HUD's Policy on Sexual Orientation
- Disparate Impact

Disability Rights

- What are the Obligations of Senior Housing Providers to Persons with Disabilities?
- Who is disabled and who is not?

Marketing Issues

- Where to advertise
- Prohibition on expressing preferences
- Use of resident photos, mobile technology and social media concerns

12:00 p.m. *Networking Luncheon*

1:00 p.m. **Other Issues to Consider and Case Studies**

- Service coordination issues
- Admissions
- Transportation
- Wheelchair rules
- Encouraging transfers to higher levels of care – legal and ethical concerns
- Harassment – What is it and what are the landlord's obligations when reported?

3:30 p.m. *Adjournment*

NEW Registration Guidelines for 2014

PAYING BY CREDIT CARD

1. Print and complete the registration form on the next page.
2. Fax a copy of the registration form(s) to 609-275-4271 with all applicable credit card information.

Note: For security purposes, please **DO NOT** mail credit card information with your security code to the P.O. Box. Save time and register online through our secure Web site.

PAYING BY CHECK

1. Print and complete the registration form on the next page.
2. Fax a copy of the registration form(s) to 609-275-4271 prior to submitting your company check request/ mailing your personal check.
3. Submit the original registration form(s) with your company check request/personal check to be mailed together to the address below.

FAX: 609-275-4271

Make check payable to: HRET of NJ

Mail to: HRET of NJ, Educational Services, P.O. Box 828691, Philadelphia, PA 19182-8691

Payment is due by Wednesday, Nov. 5, 2014

Note: For security purposes, please **DO NOT** mail credit card information with your security code to the P.O. Box. Save time and register online through our secure Web site.

CANCELLATION POLICY

- Cancellations received by **Nov. 5, 2014** will receive a refund minus a \$70 administrative fee.
- Cancellations received **after** Nov. 5, 2014 will **not** be eligible for a refund.
- Registrants unable to attend may send an alternate.

GENERAL INFORMATION

- **Onsite registration:** We will do our best to accommodate walk-ins, but cannot guarantee seating. If a conference does have availability, payment is due at that time.
- For registration inquiries, please contact: CHendrix@njha.com.
- In the event of inclement weather, call 609-275-4140 before coming to the conference.
- For directions visit NJHA at: <http://www.njha.com/directions.aspx> (parking is behind the conference center building).
- If you have a disability and need special accommodation, please call 609-275-4181.

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Date:	Nov. 12, 2014
Registration Start:	8 a.m.
Program Start:	9 a.m.
Location:	New Jersey Hospital Association - 760 Alexander Road, Princeton, NJ 08543
Fee:	<u>LANJ/JAHMA/NJHA Member:</u> <input type="checkbox"/> First person: \$165 ea. <input type="checkbox"/> Each additional person: \$140 <u>Non-member:</u> <input type="checkbox"/> First person: \$195 ea. <input type="checkbox"/> Each additional person: \$170 ea.
Seminar:	EDU 1464

REGISTRATION

(Please type or print clearly. Please copy form for additional registrants.)

Note: Your registration will not be complete until payment has been received. **Payment is due no later than Nov. 5, 2014**

First Person Full Name:	Degrees/Credentials (MD, RN, LNHA, etc.)	
Job Title:	Organization:	
Organization Street Address, City, State, Zip:		
E-mail:	Phone Number:	
Check Amount: \$ _____	Check # _____	
Credit Card Payment: <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA		
Name on card (print):		
Card Number: _____	Expiration: _____	CCV Code: _____
Billing Address, City, State, Zip:		
Amount Authorized: \$ _____	Cardholder Signature: _____	
Additional Registrant Full Name: _____ (EDU 1464)		
Job Title:	Check Amount: \$ _____ Check # _____	
Degrees/Credentials (MD, RN, LNHA, etc.):	Organization:	
E-mail:	Organization Address:	
Phone Number:	City, State, Zip:	