



## LeadingAge Oklahoma Music for the Ages

### Participation Agreement for Individual Organization

**Name of Organization** \_\_\_\_\_

We would like to take advantage of this voluntary opportunity to participate in the LeadingAge Oklahoma Music for the Ages – a Music & Memory Inc. program as a non-grant participant. By agreeing to participate in this program, we are also agreeing to participate in the research component for the duration of the program.

We understand the project is divided into two phases.

- Phase 1 begins August 2016 with implementation through June 2018.
- Phase 2 begins May 2017 with implementation through June 2018.

LeadingAge Oklahoma will assign the participation phase for each organization. I have indicated our preference order for phase assignment as a number one (1) for preferred option and number two (2) for the second preference in the following boxes:

- Phase 1, the duration of participation will be up to 23 months from August 2016 through June 2018.
- Phase 2, the duration of participation will be up to 14 months from May 2017 through June 2018.

As a participant in the LeadingAge Oklahoma Program, we understand we will receive instruction and support in implementing LeadingAge Oklahoma Music for the Ages program for our organization, subject matter expertise and technical assistance in Music & Memory as we bring personalized music to our clients. We confirm we are not a nursing home and thereby do not qualify for the services provided by the Music for the Ages grant. However, for a fee of \$450.00, once approved for participation, I understand I will receive a package of services from LeadingAge Oklahoma to include:

- Webinars and support from LeadingAge Oklahoma.
- Two registrations for each of three seminars on dementia care given by LeadingAge Oklahoma. CEUs are available for an additional fee.
- Assistance with a Donation Program to help obtain additional equipment and music to expand the program.
- LeadingAge Oklahoma will reach out to state, regional and local groups to develop and encourage participation in an Intergenerational Volunteer Program. This will assist in obtaining students/adults to help with the implementation of the program.

To be approved to participate, I agree our organization will:

- Have a minimum of five team members as described below to participate in all the Music and Memory and LeadingAge Oklahoma webinars and to implement the program.
- At a minimum, ensure the two (2) project leads and team members, attend the LeadingAge Oklahoma Orientation Webinar (complimentary).
- Ensure the team will complete the Pre-Certification webinar provided by Music and Memory, Inc. (complimentary).
- Pay for and ensure the team will complete the Certification webinars through three 90-minute training webinars provided by Music and Memory, Inc. and complete, once certified, the Music and Memory, Inc. Post-Certification webinar provided by Music and Memory, Inc.
  - Go to <http://musicandmemory.org/landing/music-memory-certification-program/> to view the program pricing and details on the Music and Memory certification program.
- Provide and pay for all the equipment to implement the program (at least 10 iPods).
- Ensure the team will participate in the LeadingAge Oklahoma monthly webinars.
- Submit information for the research component of this program including electronic surveys about the number and type of participants (clients), number of songs in your music library, outcome experiences, roadblocks/solutions, and your own “Henry” (success) stories.

Provide a minimum of five employees to complete MUSIC & MEMORY<sup>SM</sup> Certification trainings 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.

1. \_\_\_\_\_ (Name)  
Executive Leadership (i.e., organization-level executive with decision-making authority).
2. \_\_\_\_\_ (Name)  
Nursing Leadership (i.e., the Director/Manager of Nursing or their designee, Director of Staff Development).
3. \_\_\_\_\_ (Name)  
Activities department (i.e., Activities Director).
4. \_\_\_\_\_ (Name)  
Aide/CNA
5. \_\_\_\_\_ (Name)  
One other staff of choice.

*(Indicate which two of these are project leads with an \*1 and \*2)*

For implementation of the program, we recommend the organization:

- Obtain iPod Shuffles, headphones and AC adapter for each participant in the program. One external speaker and one splitter.
- Have access to a laptop computer. One that can be dedicated to this program; however, an existing computer may be used if it is readily accessible to those implementing the program and can be used to download and store music/playlists for participants.
- Obtain additional funds for purchasing music through iTunes. Each participant will need a personalized playlist, not a one-size-fits-all list of a few songs. Grant participants are beginning with a \$150 gift card. We recommend that you plan to spend close to this amount to get started.
- Develop a plan to reassign equipment to a new client should the original person no longer participate in your program; this includes developing a new personalized playlist for the new participant.
- Agree to reassign the equipment to a new client should the original person no longer participate in your program; this includes developing a personalized playlist for the new participant.

- Conduct an individual assessment for each participating client to determine among other things; interest, abilities, usage needs, preferred usage times and to determine individual music playlist.

Primary Project Lead Name, Phone Number & Email:

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Alternate Project Lead Name, Phone Number & Email:

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Organization Name Address & Phone Number:

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Mailing address (if different than physical address):

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As a participating organization, we agree to the participation requirements described above and meet all project expectations as outlined herein.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Printed Name of Primary Project Contact (if different)

\_\_\_\_\_  
Job Title of Primary Project Contact

\_\_\_\_\_  
Street Address, City, County, ZIP

\_\_\_\_\_  
Phone Number and Email Address for program communication

Send completed form and fee of \$250.00, to:  
LeadingAge Oklahoma – Music for the Ages  
PO Box 1383  
El Reno, OK 73036-5699