



The Impact of Outreach

Building a Stronger Sales Pipeline of Higher Converting Leads

Julie Podewitz


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01

1

Today's four objectives

- 01 Why Outreach Matters**
The case for a stronger referral pipeline
- 02 Building the Referral Strategy**
Priority partners, community differentiators and relationship goals
- 03 Developing Referral Relationships**
Purposeful conversations and useful follow-through
- 04 Leading Consistent Execution**
Leadership, coaching and results


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2

SECTION 1

Why Outreach Matters

The case for a stronger referral pipeline


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Why does outreach matter?



Strengthens prospect pipeline



Longer length of stay



Improve conversion metrics



Cost per lead and move in



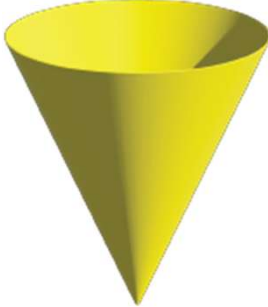
Higher resident satisfaction ratings

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The Current Sales Funnel

- Adding more low-converting leads to the top without addressing the "middle" just adds to the problem.



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Widen the Funnel



This is where referrals - and outreach - make most impact.



Widening the bottom of funnel by adding higher-converting leads to the top.



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Where Leads Come From



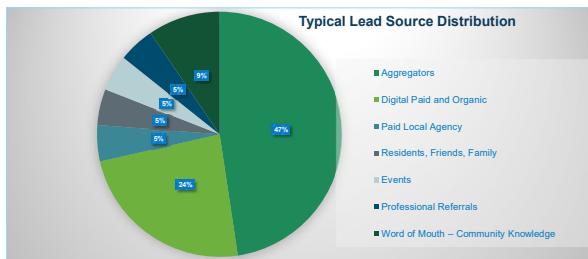
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Outreach – Typical Distribution Resident, Friends Family, WOM Professional Referrals Make Up 20% of New Leads



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Referral conversion and length-of-stay benchmarks

Metric	Personal referrals ¹	Professional ²	All sources
Inquiry to tour	73%	54%	30%
Tour to deposit	43%	53%	32%
Tour to move-in	42%	49%	30%
Inquiry to move-in	31%	26%	9%
Length of stay	484 days	305 days	397 days

¹ Residents, families, friends, employees. ² Medical and non-medical professionals.

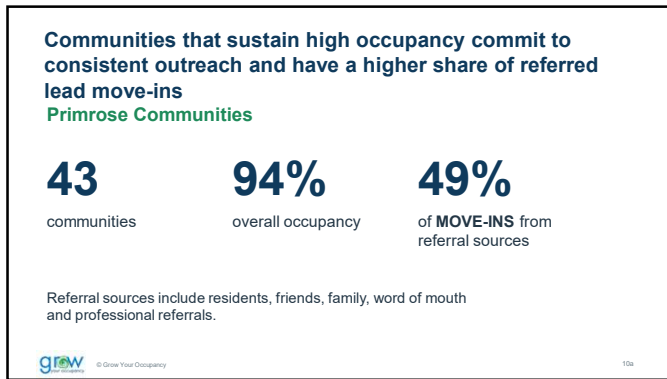
Source: WelcomeHome Q2 Benchmarks Report, as cited in Beyond the Hospital. Reporting year not specified.

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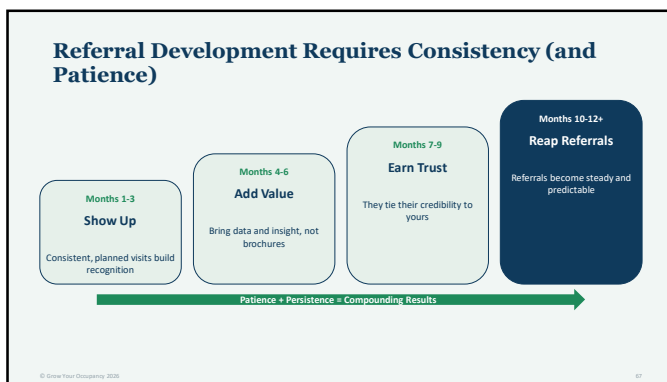
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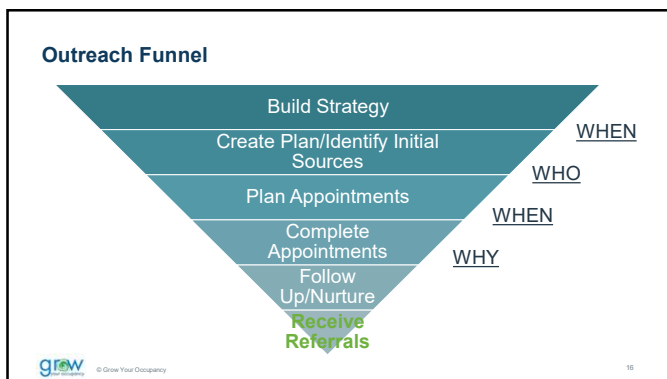
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11



12

One Minute Takeaway: Pause and Jot

40 seconds to reflect and jot

Which referral source could improve your community's pipeline, and why?

My takeaway: I will give more attention to _____ because _____.

Share with your team


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13

SECTION 2
Building the Referral Strategy
Priority partners and relationship goals

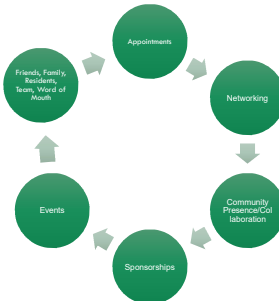



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Outreach Wholistic Approach

- Appointments
- Networking
- Community Presence
- Sponsorships
- Events
- Word of Mouth Residents, Friends, Family, Employees




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15

Referral Source Categories

Professional—Medical

- Hospitals
- Home Health
- Hospice
- Physicians
- Rehabs

Professional—Non-Medical

- Financial planners
- Elder law attorneys
- Realtors
- Clergy
- Program directors
- Senior centers
- Service clubs
- Volunteer organizations
- Alumni groups

Resident, Family, Friends & Employees

- Residents
- Families
- Employees

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Beyond hospitals: a more diversified referral pipeline

- Hospital relationships remain valuable, but referrals are higher acuity and shorter length of stay.
- Build complementary relationships with people who meet older adults before a move becomes urgent.
- Choose partners around your occupancy needs, service lines, and the decision stage of your ideal prospect.
- The aim: less dependence on any single referral source.

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Referrals by Care Type

Referral Source Likelihood to Send, by Care Type
Match your referral mix to the service lines where you need growth.

By referral source and care type

Referral Source	IL	AL	MC
Employee / Resident	49%	27%	24%
Family / Friend	43%	30%	27%
Professional: Non-medical	27%	34%	39%
Professional: Medical	7%	44%	49%

*WelcomeHome data based on 135K referred leads – IL/AL/MC
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18

Who Refers to What

Professional—Medical

- Most likely to refer to Memory Care (49%)

Professional—Non-Medical

- Most likely to refer to Memory Care (39%) but...
 - Consistently refers to all care types!

Resident, Family, Friends & Employees

- Most likely to refer to IL (49%)

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Higher conversions, longer length of stay

Resident, Family, Friends & Employee Referrals

Inquiry to Tour 73%
Tour to Deposit 43%
Tour to Move-In 42%
Inquiry to Move-In 31%
Length of Stay 484 days

Professional Referrals (Medical & Non-Medical)

Inquiry to Tour 54%
Tour to Deposit 53%
Tour to Move-In 49%
Inquiry to Move-In 26%
Length of Stay 305 days

All Lead Sources

Inquiry to Tour 30%
Tour to Deposit 32%
Tour to Move-In 30%
Inquiry to Move-In 9%
Length of Stay 397 days

*Based on WH Q2 Benchmarks Report

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20

Resident, Family, Friend, Employee Referrals

The Gold Standard

- Longer length of stay
- MUCH shorter sales cycle
- Higher conversion rates
- Low acquisition cost

Why These Work

- Trust is already established
- Residents influence peers
- Families influence adult children decision makers
- Team members create ripple effect
- Tied to resident satisfaction

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Resident/Family/Friend/Employee Referrals

- Most likely to refer to IL (49%)
 - Brand awareness ripple effect
- Proactively ask for these
- Operations to lead
 - Interdepartmental strategy



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Resident, Family, Friend, Employee Referrals

How to Increase Personal Referrals

- Welcome parties
- Who do you know? Campaigns
- Invite a friend
- Personal surveys and invitations to refer
- Reinforce who to refer and HOW to refer
- Incentives to refer

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Resident Friend Family Employee referrals need a repeatable process – can't be said once

Invite the introduction

- Use welcome parties and invite-a-friend events.
- Ask "Who do you know?"
- Explain whom to refer and how to make the introduction.
- Employee referred move-ins have ripple effect.

Assign ownership

- Coordinate Sales and Operations.
- Ask again as relationships develop.
- Track introductions, referred leads, and move-ins.

Resident satisfaction is the foundation for advocacy.

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Residents are MOST likely to refer within in the initial 90 days of residency – WHEN HIGHLY satisfied.

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Strategy: Referral Outreach Worksheet

Rank your service line occupancy needs as high, medium, or low priority.

Get Started: Occupancy by Service Line

Service line	Current occupancy	high	Medium	Low
Active Adult	☐	☐	☐	☐
Independent Living	☐	☐	☐	☐
Assisted Living	☐	☐	☐	☐
Memory Care	☐	☐	☐	☐
Work Unit Focus	☐	☐	☐	☐

Find the Gaps: Current and Goal Priority

Referral category	Current H / M / L	Goal H / M / L
Professional – Medical	☐ ☐ ☐	☐ ☐ ☐
Professional – Non-Medical	☐ ☐ ☐	☐ ☐ ☐
Residents / Family / Friend / Employee	☐ ☐ ☐	☐ ☐ ☐

Assessment of Past 12 Months

Category	Active referral sources	Referrals	Move-ins
Active Adult			
Independent Living			
Assisted Living			
Memory Care			

Work Unit Focus: My Biggest Opportunities

Opportunity	Action step	Timeline
1.		
2.		
3.		

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Goal setting starts with occupancy needs

- Know **conversions for each lead source**
- Set **30-day and 90-day occupancy goals** by service line.
- Decide where you need **immediate move-ins** and where you need future demand.
- Set **referral goals** and the share of leads you want from non-paid sources.
- **Protect the time** required to deliver the plan.
- **Commit to outreach appointments** and contacts

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Referral priorities start with local evidence

- Review the **past 12 months** of referrals and move-ins by source.
- Identify which **partners fit** your care levels, ideal prospects, and growth goals.
- Start with **resident churches**, physicians, fiduciaries, and attorneys.
- Include insurance and estate planners, plus **people your team already knows**.
- Invest more time in **fewer well-matched partners** and review the results.
- SNF/Hospitals/Case Managers for **immediate need** -higher acuity, shorter length of stay

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Service-line priorities guide the outreach plan

Service line	Current occupancy	30 / 90-day goal	Priority H / M / L
Active Adult			
Independent Living			
Assisted Living			
Memory Care			
Skilled Nursing			
Wait list focus			

Complete with local data. Then identify the referral categories that can help close each gap.

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WHO to see

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Circle of Influence

Outer Circle of Influence – “C” Contacts The greater community. A broader reach. The outer circle of influence is welcomed in to know more but have not been qualified.

Mid-Influencer – “B” Contacts They know you. You contact them but softly engage, you are trying to grow referrals from them. The mid-influencer is being cultivated, nurtured, and educated. They are community influencers. “Warm”

Inner Influencer – “A Contacts” Close relationships with the community. They have referred or should be referring. The inner influencer is shown appreciation and friendship. Top referral sources.

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Circle of Influence

- First, identify top potential referral sources – report: lead source analysis, referrer analysis
- Broken out into business types
- Who can, should and will
- Start with the bullseye and work your way out
- Think those with highest potential

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Referral Source Categories

Professional—Medical	Professional—Non-Medical	Resident, Family, Friends & Employees
• Hospitals • Home Health • Hospice • Physicians • Rehabs	• Financial planners • Elder law attorneys • Realtors • Clergy • Program directors • Senior centers • Service clubs • Volunteer organizations • Alumni groups	• Residents • Families • Employees

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Earlier relationships build the IL pipeline and wait list

Professional partners

- Financial and estate planners
- Realtors and downsizing specialists
- Service and volunteer organizations
- Churches and spiritual organizations

Personal advocates

- Residents and families
- Friends and employees
- Current depositors

Build familiarity before a crisis makes the decision urgent.

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Referral Sources that Drive Early Engagement – Independent Living/Active Adult

Non-Medical Professionals

- Financial planners
- Estate planners
- Realtors
- Downsizing specialists
- Service Organizations
- Churches/Spiritual Organizations

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Referral Sources that Drive Early Engagement – Independent Living/Active Adult

Personal Referrals

- Residents
- Families
- Friends
- Employees
- Current Depositors

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36

Independent Living & Wait List Strategies

Resident, Family, Friends & Employees	Professional: Non-Medical	Professional: Medical
• Most likely to refer to IL (49%) • Brand awareness ripple effect	• 27% of referrals to IL • Be specific in your targeted sources	• Only 7% of referrals are IL • Evaluate if this is worth the time/effort required

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Communicating your community differentiators

- Referral partners put **their credibility** behind every recommendation.
- Explain **whom your community serves best** and why it fits their clients.
- Connect a **specific strength** to a need the partner has shared.
- Support your message with **a resident story, relevant data or a visit**.
- Reinforce that difference through **consistent, useful follow-through**.

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Keep Objective (Purpose) Narrow

Plan Appointments (Questions to Ask)

Build value with referral partners using data and emotional connection

Data	Emotional Connection
• Readmission rates and fall reductions • Resident satisfaction scores • Why residents move (use survey answers)	• Validate why they should tie their credibility to you • Similarity to sales cycle – build relationships • More time with fewer sources

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A clear reason to refer

- Tell story about current resident.
- Data supported outcomes.
- Support with a relevant example.
- Facts + Emotion.




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Relationship development belongs in the plan

- 01 Choose the relationship**
Name the priority partner, their clients' needs and your relationship goal.
- 02 Plan the conversation**
Choose discovery questions and the differentiator most relevant to their clients.
- 03 Plan the value you will bring**
Prepare a specific example, useful resource or visit that demonstrates the fit.
- 04 Schedule the next steps**
Assign an owner and follow-up date. Track relationship progress and referrals.


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Marketing Plan


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42

43

Marketing Plan

- Establish Format
- Set Outcome Expectations
- Identify Differentiator and Messaging
- What do you want them to remember?
- What do you want/need to know?
- Outreach appointments
- Networking
- Events
 - Advertising/Promotion
- Track Results



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Excel Marketing Plan Format

Quarterly Event Plan

Prospects or Professionals	Date	General Description of Event	Advertising/Promotions including direct mail	RSVP	Budget	# of Attendees (excluding residents families)
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SEPTEMBER	Business	Date/TIME/Location	Contact Name	Meeting Prep	Next Step	Follow up



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Excel Marketing Plan Format

Annual Marketing Budget																
Year:	2022															
BASIC FINANCIAL INFORMATION																
Sales Revenue																
Sales Volume and Contract Count		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Yr		
Pricing and Contract Duration		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Yr		
Profit Metrics																
Gross Profit		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Yr		
Operating Income (not included in above)		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Yr		
EBITDA margin		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Yr		
Marketing																
Marketing Spend		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Yr		
Marketing ROI		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Yr		
Marketing Agency / Consultant																
Fees		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Yr		
Special Projects		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Yr		



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A focused 90-day referral action plan

Choose three priority relationships based on occupancy needs and referral gaps.

Priority source / category	Next action	Owner	Review date
1.			
2.			
3.			

At each review: referred leads, move-ins, and next strategy.

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Protected outreach time needs a backup plan

- Block recurring outreach appointments and build the week around them.
- Agree with Operations who covers calls and walk-in tours.
- Offer alternate tour times or use a prepared backup team member.
- Keep expectations visible and review whether the time produces referrals.

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When – Let’s Determine

Block time on schedule

Determine % time dedicated to outreach

Commit and be consistent

Let your team know when you’ll be out of the building

Select time blocks that make sense

20% of time, more if occupancy is below 85%

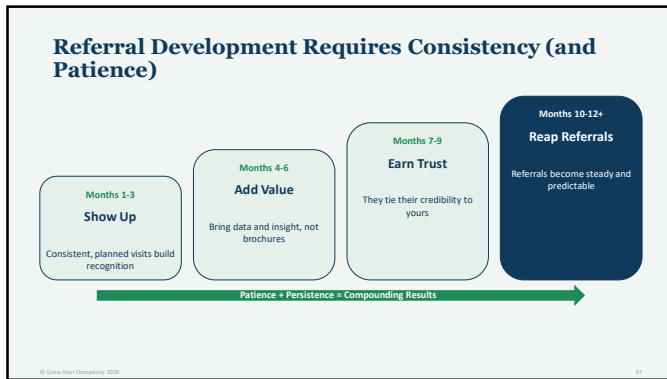
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48

OALA - Fall Conference & Trade Show

16



49

Mini-recap: The outreach foundation

- **Referrals strengthen the pipeline.** Build relationships beyond hospitals.
- Consistent outreach needs **protected time** and a team coverage plan.
- **Occupancy (move-in) goals by service line** guide referral priorities.
- **Recurring time blocks and geographic planning** make outreach practical.

Next: Develop referral relationships through purposeful conversations.

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One Minute Takeaway: Pause and Jot

40 seconds to reflect and jot

Which partner best fits your community's biggest occupancy gap?

My priority partner: ____.

The community strength I will share: ____.

Next Action Step:

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51

SECTION 3

Developing Referral Relationships

Purposeful conversations and useful follow-through

52

How to Build the Professional Referral Relationship**Partnership Playbook: Discovery and engagement**

- Learn about them: **Discovery**
- Identify ways to engage
 - Educational events
 - Referrals to them

53

How to Build the Professional Referral Relationship**Partnership Playbook: Referral fit and follow-through**

- Community differentiators
- Articulate the ideal referral
 - Beyond the crisis moment
- Discuss benefits/differentiators – IL, wait list, etc.
- Consistently communicate

54

Build Trust

There needs to be a reason **WHY** they should refer.

Why should they align with you?



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Appointment Planning

Appt Day/Time: _____

Business Name/Contact: _____

Objective/Desired Outcome:

What would you like them to remember after you leave.

Message/Differentiator:

What do you want to know? What question(s) will you ask?

What did you learn?



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56

Professional partnerships need a purpose & follow through

01 Learn about THEM - their clients' needs, what is important, etc.

Ask about their clients, recurring concerns, and gaps in resources.

02 Define mutual value

Explore educational events, useful information, and appropriate referrals to them.

03 Make introductions simple

Describe the ideal referral and agree on a straightforward way to connect.

04 Follow through consistently

Confirm the next action and a communication cadence that works for both sides.



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Keep Objective (Purpose) Narrow

Plan Appointments (Questions to Ask)

Build value with referral partners using data and emotional connection

Data • Readmission rates and fall reductions • Resident satisfaction scores • Why residents move (use survey answers)	Emotional Connection • Validate why they should tie their credibility to you • Similarity to sales cycle – build relationships • More time with fewer sources
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Outreach Questions to Ask

 Start a conversation with a question or statement of fact.

 Review and choose which Q or statement of fact that will open conversation.

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How to Build the Relationship

How familiar are you/your clients with senior living? Our community?

When do you think it's a good time to consider senior living?

When do you think it's not a good idea for someone to be at home anymore?

What's a typical reaction when the subject of senior living comes up?

What do you think is a common impression of senior living?

What is important to you/your patients/families in considering senior living?

What are you hearing from them as far as struggles/concerns?

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Referral Source Questions to Ask

- What typically prompts you to refer someone to independent living, assisted living, or memory support?
- What needs are older adults and families struggling to meet with current senior living options?
- What resources could we provide to better support your clients and their families?
- Who else would benefit from connecting with us?
- What is the best way to stay in contact?

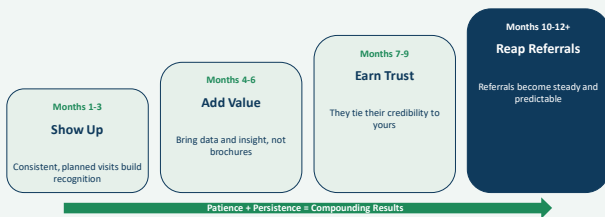
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Follow-through after each appointment

- Record the referral source's needs in the CRM.
- Confirm the next step, time, date and person responsible.
- Send the resource or introduction you promised.
- Plan the next conversation around their needs.

62

Referral Development Requires Consistency (and Patience)



63

Mini-recap: Planning for referrals

- Start with occupancy goals and availability by service line. Short and long term.
- Focus on referral sources whose customers may best fit your community.
- Build relationships like prospects – start with DISCOVERY.
- Connect each partner's needs to a clear community differentiator.
- Plan purposeful appointments and protect time with team coverage.
- Assign the next step and date.
- Follow through consistently and track results.

64

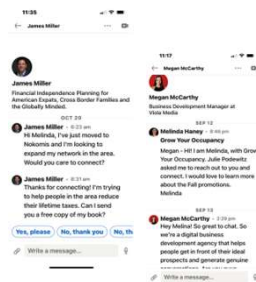
Using Social Media to Your Advantage



65

LinkedIn

- Use it to make new connections.
- Engage through chat and try to secure brief appointment.
- Remember to get these contacts into your CRM.



66

LinkedIn



- Send a short video from your website or a promotion of an educational event coming up
- Request to zoom to explore how we can help each other.
- Send schedule link to connect
- Think - Casual, Easy, Quick
- Schedule only in-person appointments you should schedule will be with highly qualified referral sources.

67

LinkedIn

- Staying connected in chat
- Create a system to check your accounts frequently. To stay active and accountable to the threads.
- Do not accept time wasters. Be aware in LinkedIn there are a lot of computer automated messaging apps.



68

Facebook, IM

Join Facebook professional networks. To receive and to distribute invitations and participate.

Membership groups are much larger than their event attendance and with social media you have access to the membership.

Layer invitation distribution using IM and by sending invitations directly to your contacts.



69

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FAMILY CONCERNS

WHAT GETS SCHEDULED GETS DONE.

Make outreach a protected weekly priority.

Dedicated time • Consistent relationships • Clear accountability

OUTREACH

MON _____

TUE _____

WED _____

THUR _____

FRI _____

PROTECTED OUTREACH TIME

✓

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Challenges to Referral Development

Many teams struggle because they:

- Lack prioritization
- Measure activities instead of outcomes
- Chase too many referral sources
- Inconsistent activity

- Fail to coach consistently
- Expect immediate results
- Get in our own way – self-limiting bias

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Prioritize

The Action and the Results

What is important to leadership is important to all

At Primrose, **referred lead source** is 2nd metric measured on sales expectations

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Measure Outcome, Not (Only) Activity



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76

Shift Mental Narrative (Get Out of Our Own Way)

- “I don’t have time” is the equivalent of “I’m not ready”
 - “I’m not willing to make time” or “It’s not a priority”
 - Diagnosis the WHY
- Leadership cannot allow it to be optional. (*Grow Podcast episode*)
- Expectations are visible and held to standard.
 - VP of Sales
 - Regionals
 - Executive Director
 - Sales Director
 - Wellness Director

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77

Leadership commitments

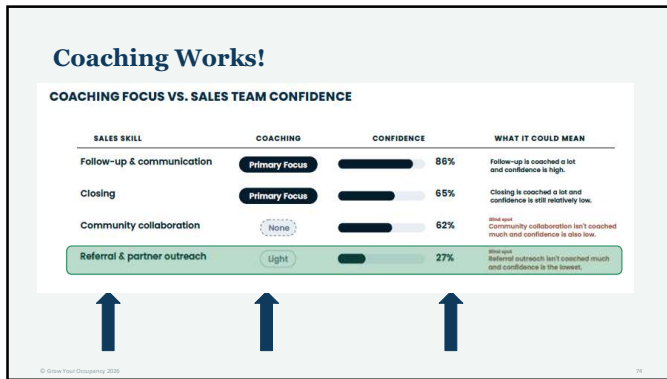
- Align Sales and Operations on referral goals.
- Protect outreach time and confirm backup coverage.
- Schedule regular coaching reviews.
- Set quarterly plan owners and due dates.



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79

Coaching outreach conversations

- Review the purpose of each appointment.
- Practice discovery.
- Join an appointment and provide feedback.
- Review referred leads and move-ins regularly.
- Discuss next strategy.



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Outreach results and coaching

- Track referred leads and move-ins by source.
- Review impact of appointments.
- Use results to determine coaching focus.
- Adjust time spent on each priority source.



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81

One Minute Takeaway: Pause and Jot

40 seconds to reflect and jot

What will you commit to next week to make outreach more consistent?

I will _____ by _____.

I will review progress with _____.

Share with your Executive Director/Team.

82

Outreach Recap



Referred prospects=higher conversions



Think of outreach like you do prospect activity/process



Statistically speaking, you need about 2/3 "outreach driven leads" for every deposit, based on conversion ratios



Set Goal for referrals/ non-paid move-ins



Measure outcomes

83

Build Your Referral Outreach Plan

A worksheet to get started — GROW YOUR OCCUPANCY

Step 1: Know Your Targets

- List your occupancy needs/goals by service line
- List your top referral sources from last year
- Assign the category to each source

Step 2: Find the Gaps

- Where do you have gaps?
- Do they align with your ideal prospect?
- Can they consistently generate referrals?

Step 3: Spot the Opportunity

- Do they shape decisions before a crisis? (especially important for IL)
- What are YOUR opportunities?

My top 3 priority referral sources for the next 90 days:

84

Build Your Referral Outreach Plan
A worksheet to get started — GROW YOUR OCCUPANCY

Step 1: Know Your Targets

Step 2: Find the Gaps

Step 3: Spot the Opportunity

- List your occupancy needs/goals by service line
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- Where do you have gaps?
- Do they align with your ideal prospect?
- Can they consistently generate referrals?

- Do they shape decisions before a crisis? (especially important for IL)
- What are YOUR opportunities?

My top 3 priority referral sources for the next 90 days:

Owner: _____
Review date: _____

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Key Takeaways

Why Outreach Matters
 Consistent outreach builds a stronger pipeline of referred leads that convert at higher rates.

Building the Referral Strategy
 Occupancy needs should guide which referral partners you prioritize and how you focus your marketing plan.

Developing Referral Relationships
 Earn trust by understanding each partner's needs, demonstrating your community's value, and following through on commitments.

Leading Consistent Execution
 Leaders must protect outreach time and coach teams using referred leads and move-ins to guide adjustments.

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86

86

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1:00 p.m. ET

Register now!



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87

87



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thank you!



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83

88

My Referral Outreach Action Plan

My priorities for the next 90 days. My first steps this week.

Name: _____ Community: _____ Date: _____

1. My biggest opportunity

Priority service line: _____

Referral gap: _____

My three priority referral relationships

1. _____

2. _____

3. _____

2. My next referral conversation

Person to meet: _____

What I want to learn: _____

My discovery question: _____

Community strength and example I will share: _____



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Handout 1 of 2

89

My Referral Outreach Action Plan

My follow-through and weekly commitment

3. My follow-through

Next action: _____

Owner: _____ Due: _____

CRM notes: _____

4. My protected outreach time

Day/time: _____

Calls and tours covered by: _____

Backup plan: _____

5. My progress check

Priority relationship	Referred leads	Move-ins	Next action
1. _____			
2. _____			
3. _____			

Review partner: _____ Review date: _____

My commitment: Next week, I will _____ by _____.



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Handout 2 of 2

90
