



Provider Membership Application

SEND COMPLETED APPLICATION TO:

Illinois HomeCare & Hospice Council · 100 E. Washington Street · Springfield, IL 62701
Phone: 217-753-4422 · Fax: 217-528-6545 · info@ilhomecare.org

Is this a new/first-time application? Yes No

STEP 1: PROFILE

CONTACT INFORMATION

Agency Name

Mailing Address

City State Zip

Phone Fax

Agency Email Agency Website

Primary Contact and Title Email

Financial Manager Name Email

Home Health/Nursing Manager Email

(Please see Step 5 to submit additional staff names and email addresses to be added to the IHHC member benefit electronic mailing list for the Communicator *X-Press*, the IHHC Member Forum and materials on upcoming IHHC educational events.)

DID SOMEONE REFER YOU TO IHHC? If so, please indicate _____

CHECK THE COUNTIES SERVED BY YOUR AGENCY (This information helps consumers locate your agency through www.HomeCareHeadquarters.com on the IHHC website.)

- | | | | | | |
|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Adams | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Hardin | <input type="checkbox"/> Lee | <input type="checkbox"/> Morgan | <input type="checkbox"/> Shelby |
| <input type="checkbox"/> Alexander | <input type="checkbox"/> DeKalb | <input type="checkbox"/> Henderson | <input type="checkbox"/> Livingston | <input type="checkbox"/> Moultrie | <input type="checkbox"/> Stark |
| <input type="checkbox"/> Bond | <input type="checkbox"/> DeWitt | <input type="checkbox"/> Henry | <input type="checkbox"/> Logan | <input type="checkbox"/> Ogle | <input type="checkbox"/> St. Clair |
| <input type="checkbox"/> Boone | <input type="checkbox"/> Douglas | <input type="checkbox"/> Iroquois | <input type="checkbox"/> Macon | <input type="checkbox"/> Peoria | <input type="checkbox"/> Stephenson |
| <input type="checkbox"/> Brown | <input type="checkbox"/> DuPage | <input type="checkbox"/> Jackson | <input type="checkbox"/> Macoupin | <input type="checkbox"/> Perry | <input type="checkbox"/> Tazewell |
| <input type="checkbox"/> Bureau | <input type="checkbox"/> Edgar | <input type="checkbox"/> Jasper | <input type="checkbox"/> Madison | <input type="checkbox"/> Piatt | <input type="checkbox"/> Union |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edwards | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Marion | <input type="checkbox"/> Pike | <input type="checkbox"/> Vermilion |
| <input type="checkbox"/> Carroll | <input type="checkbox"/> Effingham | <input type="checkbox"/> Jersey | <input type="checkbox"/> Marshall | <input type="checkbox"/> Pope | <input type="checkbox"/> Wabash |
| <input type="checkbox"/> Cass | <input type="checkbox"/> Fayette | <input type="checkbox"/> Jo Daviess | <input type="checkbox"/> Mason | <input type="checkbox"/> Pulaski | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Champaign | <input type="checkbox"/> Ford | <input type="checkbox"/> Johnson | <input type="checkbox"/> Massac | <input type="checkbox"/> Putnam | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Franklin | <input type="checkbox"/> Kane | <input type="checkbox"/> McDonough | <input type="checkbox"/> Randolph | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Fulton | <input type="checkbox"/> Kankakee | <input type="checkbox"/> McHenry | <input type="checkbox"/> Richland | <input type="checkbox"/> White |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Gallatin | <input type="checkbox"/> Kendall | <input type="checkbox"/> McLean | <input type="checkbox"/> Rock Island | <input type="checkbox"/> Whiteside |
| <input type="checkbox"/> Clinton | <input type="checkbox"/> Greene | <input type="checkbox"/> Knox | <input type="checkbox"/> Menard | <input type="checkbox"/> Saline | <input type="checkbox"/> Will |
| <input type="checkbox"/> Coles | <input type="checkbox"/> Grundy | <input type="checkbox"/> Lake | <input type="checkbox"/> Mercer | <input type="checkbox"/> Sangamon | <input type="checkbox"/> Williamson |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Hamilton | <input type="checkbox"/> LaSalle | <input type="checkbox"/> Monroe | <input type="checkbox"/> Schuyler | <input type="checkbox"/> Winnebago |
| <input type="checkbox"/> Crawford | <input type="checkbox"/> Hancock | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Scott | <input type="checkbox"/> Woodford |

CHECK THE SERVICES PROVIDED BY YOUR AGENCY (This information helps consumers locate your agency through www.HomeCareHeadquarters.com on the IHHC website.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Maternal/Child Care | <input type="checkbox"/> Private Duty Nursing |
| <input type="checkbox"/> Assisted Living Care | <input type="checkbox"/> Medical Social Worker | <input type="checkbox"/> Psychiatric Nursing |
| <input type="checkbox"/> Community Care Program | <input type="checkbox"/> Medical Transport | <input type="checkbox"/> Respiratory Therapy |
| <input type="checkbox"/> Companion/Live in | <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Durable Medical Equipment | <input type="checkbox"/> Nutrition Counseling | <input type="checkbox"/> Skilled Intermittent Nursing |
| <input type="checkbox"/> Emergency Home Response | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Home Health Aide | <input type="checkbox"/> Pastoral Care | <input type="checkbox"/> Telemedicine |
| <input type="checkbox"/> Home Infusion Services | <input type="checkbox"/> Pediatric Care | <input type="checkbox"/> Temporary Staffing |
| <input type="checkbox"/> Home Medical Equipment | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Ventilator Care |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Physical Therapy | |

CHECK THE PAYMENT SOURCES ACCEPTED BY YOUR AGENCY (This information helps consumers locate your agency through www.HomeCareHeadquarters.com on the IHHC website.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Black Lung | <input type="checkbox"/> Medicaid Waiver Program | <input type="checkbox"/> TRICARE (Champus) |
| <input type="checkbox"/> DHS Off. of Rehab Services | <input type="checkbox"/> PPO | <input type="checkbox"/> Veterans Administration |
| <input type="checkbox"/> HMO | <input type="checkbox"/> Private Pay | <input type="checkbox"/> Voluntary Donations |
| <input type="checkbox"/> Illinois Department on Aging | <input type="checkbox"/> Private Insurance | <input type="checkbox"/> Workers Comp |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Sliding Scale | |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Special Care Children's Division | |

LEGISLATIVE INFORMATION

Illinois Congressional District # _____
 Illinois State Senate District # _____
 Illinois State House District # _____

STEP 2: DUES WORKSHEET

(You are required to complete dues worksheet information)

Illinois HomeCare & Hospice Council's membership dues are based on the most recently completed fiscal year home care revenues. Net revenues are defined as gross revenues from all payers minus contractual adjustments (i.e. amount expected to be reimbursed). Home care is defined as direct services rendered through skilled intermittent care, hospice and private duty business lines. Please include revenues from these business lines regardless of corporate structure. **Please be sure to provide contact information for all additional locations (branches) whose revenues are included below in Step 6.**

Business Line	Net Revenue
Skilled Intermittent	\$
Hospice	\$
Private Duty	\$
Total Net Revenues	\$

STEP 3: MEMBERSHIP LEVEL

New Members - Home Care, Hospice or Private Duty providers who have never been IHHC members or have not been IHHC members for the past five (5) years.

Introductory Offer	Introductory 1st Year Dues Rate
New Member	50% of dues from schedule below

Renewal Rates After 1 st Year are as Follows	Total Dues
\$0 - \$250,000	\$ 1,000.00
\$250,001 - \$500,000	\$ 1,375.00
\$500,001 - \$1,000,000	\$ 2,075.00
\$1,000,001 - \$1,500,000	\$ 3,145.00
\$1,500,001 - \$3,000,000	\$ 4,145.00
\$3,000,001 - \$6,000,000	\$ 4,935.00
\$6,000,001 - \$12,000,000	\$ 5,565.00
\$12,000,001 - \$15,000,000	\$ 6,295.00
\$15,000,001 - \$30,000,000	\$ 10,000.00
\$30,000,000 - \$50,000,000	\$ 13,000.00
\$50,000,001 or more	\$ 15,000.00

STEP 4: DUES PAYMENT

Total Dues from table above	\$
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<p>PAYMENT METHOD</p> <p><input type="checkbox"/> Check (payable to IHHC)</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex</p> <p>_____</p> <p>Name of Card Holder</p> <p>_____</p> <p>Card#</p> <p>_____</p> <p>Exp. Date</p> <p>_____</p> <p>Signature</p>	<p>POLICIES AND INFORMATION</p> <ol style="list-style-type: none"> 1. Membership in IHHC is open to direct providers of health and supportive services in the home. 2. Membership benefits begin with receipt of payment. 3. Membership dues are non-refundable. 4. Dues payments to IHHC are not deductible as a charitable contribution for federal income tax purposes. Dues payments may be deductible as a business expense, less 17% of the dues payment utilized for IHHC's lobbying activities on behalf of members.
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I have read and understand the IHHC dues policies and certify that I have accurately estimated my revenue for the previous year and have calculated my dues correctly. By accepting IHHC membership, you agree to abide by the Illinois HomeCare & Hospice Council Code of Ethics, www.ilhomecare.org/pdf/IHHCCodeofEthics.pdf.

Signature/Title _____ Date _____

STEP 5: ADDITIONS TO MAILING LIST

Please list all additional staff to be added to the IHHC member benefit electronic mailing list to receive the Communicator *X-Press*, link to the IHHC Listserv and receive materials on upcoming IHHC educational events.

Name: _____
Title: _____
Phone: _____ Fax: _____
Email: _____

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Phone: _____ Fax: _____

Email: _____

STEP 6: ADDITIONAL LOCATIONS (OPTIONAL)

Please note all locations whose revenues are included in your membership level designation. Only the parent company will serve as a voting IHHC member. Please provide complete information to ensure that we provide accurate contact information in our database. *You may make as many copies of this form as necessary.*

Parent Company Name

Primary Contact Person at this location

Company Name

Mailing Address

City

State

Zip

Phone

Fax

Email

Additional Staff at this location

Email

Additional Staff at this location

Email

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- | | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
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| <input type="checkbox"/> Alexander | <input type="checkbox"/> Effingham | <input type="checkbox"/> Knox | <input type="checkbox"/> Ogle | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Bond | <input type="checkbox"/> Fayette | <input type="checkbox"/> Lake | <input type="checkbox"/> Peoria | <input type="checkbox"/> Washington |
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| <input type="checkbox"/> Bureau | <input type="checkbox"/> Fulton | <input type="checkbox"/> Lee | <input type="checkbox"/> Pike | <input type="checkbox"/> Whiteside |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Gallatin | <input type="checkbox"/> Livingston | <input type="checkbox"/> Pope | <input type="checkbox"/> Will |
| <input type="checkbox"/> Carroll | <input type="checkbox"/> Greene | <input type="checkbox"/> Logan | <input type="checkbox"/> Pulaski | <input type="checkbox"/> Williamson |
| <input type="checkbox"/> Cass | <input type="checkbox"/> Grundy | <input type="checkbox"/> Macon | <input type="checkbox"/> Putnam | <input type="checkbox"/> Winnebago |
| <input type="checkbox"/> Champaign | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Macoupin | <input type="checkbox"/> Randolph | <input type="checkbox"/> Woodford |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Hancock | <input type="checkbox"/> Madison | <input type="checkbox"/> Richland | |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Hardin | <input type="checkbox"/> Marion | <input type="checkbox"/> Rock Island | |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Henderson | <input type="checkbox"/> Marshall | <input type="checkbox"/> Saline | |
| <input type="checkbox"/> Clinton | <input type="checkbox"/> Henry | <input type="checkbox"/> Mason | <input type="checkbox"/> Sangamon | |
| <input type="checkbox"/> Coles | <input type="checkbox"/> Iroquois | <input type="checkbox"/> Massac | <input type="checkbox"/> Schuyler | |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Jackson | <input type="checkbox"/> McDonough | <input type="checkbox"/> Scott | |
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| <input type="checkbox"/> DeKalb | <input type="checkbox"/> Jersey | <input type="checkbox"/> Menard | <input type="checkbox"/> St. Clair | |
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| <input type="checkbox"/> Douglas | <input type="checkbox"/> Johnson | <input type="checkbox"/> Monroe | <input type="checkbox"/> Tazewell | |
| <input type="checkbox"/> DuPage | <input type="checkbox"/> Kane | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Union | |
| <input type="checkbox"/> Edgar | <input type="checkbox"/> Kankakee | <input type="checkbox"/> Morgan | <input type="checkbox"/> Vermillion | |

CHECK THE SERVICES PROVIDED BY THIS LOCATION (This information helps consumers locate your agency through www.HomeCareHeadquarters.com)

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- | | | |
|---|--|--|
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| <input type="checkbox"/> DHS Office of Rehab Services | <input type="checkbox"/> Private Pay | <input type="checkbox"/> Veterans Administration |
| <input type="checkbox"/> HMO | <input type="checkbox"/> Private Insurance | <input type="checkbox"/> Voluntary Donations |
| <input type="checkbox"/> Illinois Department on Aging | <input type="checkbox"/> Sliding Scale | <input type="checkbox"/> Workers Comp |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Special Care Children's
Division | |
| <input type="checkbox"/> Medicaid | | |
| <input type="checkbox"/> Medicaid Waiver Program | | |

LEGISLATIVE INFORMATION (for this location)

Illinois Congressional District # _____
 Illinois State Senate District # _____
 Illinois State House District # _____