2014 Membership Application

Join online at www.pahomecare.org. *Current members: If no changes, mark N/C.*

Organization Name: ______________________________ ☐ LLC?
Medicare Provider # (if applicable): ____________ Homecare License # (if applicable): ____________
Primary Contact: ______________________________
Title: ____________________ Professional Designation (RN, MSN, MBA, etc.): ____________
Address: ______________________________
City: ____________________ State: ____________ Zip: ____________
County Location: ____________ Agency Telephone: ____________ Agency Fax: ____________
Primary Contact Email: ____________________ Agency Website: ____________________

Senior Management Listing
Name: ____________________ Title: ____________________
Email: ____________________ Telephone: ____________ Fax: ____________
Name: ____________________ Title: ____________________
Email: ____________________ Telephone: ____________ Fax: ____________
Name: ____________________ Title: ____________________
Email: ____________________ Telephone: ____________ Fax: ____________

Services Provided
___ 24/7 Care
___ Adult Day Services
___ Activity Sensors
___ Attendant Care
___ Behavioral Health
___ Chronic Care Management
___ Clinical Services
___ Companion Services
___ Consulting
___ Dietician
___ Emergency Response Systems
___ Financial Management Services
___ Fiscal Management
___ Geriatric Care Management
___ Home Infusion
___ Homecare Aide/Personal Care
___ Hospice
___ Housekeeping
___ Maternal Child
___ Meals
___ Medication Monitoring
___ Mental Health
___ Nursing Care
___ Operational Management
___ Palliative Care
___ Pediatric Care
___ Pediatric Shift Nursing
___ Physical/Occupational/Speech Therapy
___ Private Duty RN/LPN
___ Service Coordinator
___ Social Worker
___ Transportation
___ Venipuncture
___ Ventilator Care
___ Vital Signs Monitoring
___ Wound Care
___ Other ____________

Provider Type
___ Facility-based/Affiliation
Name of Facility: ____________
___ Medicare-certified Home Health
___ For-profit
___ Not-for-profit
___ Licensed Private Duty
___ Homecare Registry
___ Hospice
___ LIFE Program
___ CCRC
___ Other HCBS ____________

Member of:
___ NAHC
___ NHPCO
___ HCAOA (NPDA)
___ PHCA
___ VNAA
___ PHN
___ Leading Age-PA
___ Other

Accredited by:
___ JCAHO ___ CHAP ___ ACHC

Required Information
#_____ Full-time Employees
#_____ Part-time Employees

Counties Served (Please List)
____________ ____________
____________ ____________
____________ ____________
____________ ____________

Zip Codes Served
____________ ____________
____________ ____________
____________ ____________
____________ ____________
____________ ____________

**Current Members: If no changes, mark N/C*

Please return via mail to: PHA, 600 N. 12th Street, Suite 200, Lemoyne, PA 17043 or via fax to (717) 975-9456.

Dues Calculation

Revenue	Dues Amount
$0–$150,000	$750
$150,001–$300,000	$1,000
$300,001–$900,000	$1,575
$900,001–$1,500,000	$2,100
$1,500,001–$3,000,000	$2,625
$3,000,001–$4,500,000	$3,150
$4,500,001–$6,000,000	$3,675
$6,000,001–$7,500,000	$4,200
$7,500,001–$9,000,000	$4,725
$9,000,001–$10,500,000	$5,250
$10,500,001–$12,000,000	$5,775
$12,000,001–$15,000,000	$6,300
$15,000,001–$20,000,000	$6,825
$20,000,001–$25,000,000	$7,350
$25,000,001–$30,000,000	$8,350
$30,000,001–$35,000,000	$9,350
$35,000,001–$40,000,000	$10,350
$40,000,001–$50,000,000	$11,350
$50,000,001 +	$12,500

Check all that apply:

(Include gross revenue for each service)

___ Adult Day $ ______________

___ Home Health $ ______________

___ Private Duty Homecare $ ______________

___ Hospice $ ______________

___ Other HCBS $ ______________

Total Gross Revenue $ ______________

Dues Payment	*see above*	$ ______________
Additional Office Location *(N/A for agencies >$50 million)*	$100 each	$ ______________
Agency Logo & Weblink *($50 savings)*	$150	$ ______________
Weblink Only	$100	$ ______________
Agency Logo Only	$100	$ ______________
Total Amount Due		**$ ______________**

**Please include additional location information on attached form.*

☐ I will pay my dues quarterly.*

**1.5% yearly finance charge applies. Only available on dues over $1,575.*

Check Payable: Pennsylvania Homecare Association (Please note our address change: 600 N. 12th Street, Suite 200, Lemoyne, PA 17043)

Annual Dues Calculation

Dues are based on gross revenue from ALL home and community-based services from ALL branch locations and related corporations and entities; excluding supplemental staffing services, home medical equipment, clinic services and non-operating income (such as contributions and interest). Member benefits begin with receipt of payment. Membership is based on a January to December calendar year. **Dues payment must be received by January 31, 2014.**

Payment Agreement for Quarterly Payments

I understand that our agency is expected to honor this membership commitment through the end of the dues/calendar year. Thus, notwithstanding a semi-annual or quarterly payment plan, membership dues must be paid in full on January 31 of the applicable year for existing members and renewing members. If an organization terminates membership at any time during the applicable year, any and all unpaid dues for the year shall be due in full upon termination of membership. No refund of any portion of membership dues for an applicable year shall be made to any member that terminates.

I hereby certify, to the best of my knowledge and belief, that the information contained in this Membership Application, including but not limited to financial information submitted in support of the determination of membership dues, is true and accurate. I agree to be bound by the terms and conditions of membership, including but not limited to the terms of this payment agreement.

FCC Communication Consent

I understand that by providing my mailing address, email address, telephone number and fax number, I consent to receive communications via regular mail, email, telephone and/or fax sent by or on behalf of the Pennsylvania Homecare Association, the PA Foundation for Home Care and Hospice, My Learning Center and/or the Homecare Political Action Committee (PAC).

The 1993 Federal Budget Reconciliation Act limits the deductibility of your membership dues based on the lobbying activities of the Pennsylvania Homecare Association. PHA estimates that approximately 22% of dues income for 2014 will be applied to lobbying expenses. Actual lobbying expenses for calendar year 2013 were 20%.

Authorized Signature: ____

Print Name: ______________________________ **Date**: ______________________

Please return via mail to: PHA, 600 N. 12th Street, Suite 200, Lemoyne, PA 17043 or via fax to (717) 975-9456.