

LeadingAge Illinois Application for Membership – For Profit

MEMBER INFORMATION

Provider or Organization Name _____

Address _____

City _____ County _____ State _____ Zip Code _____

Telephone _____ FAX _____

Medicare ID _____ EIN: _____

How did you hear about LeadingAge Illinois? _____

What are your primary interests in LeadingAge Illinois membership? _____

Primary Contact _____

Primary Contact Title & Email _____

Names, titles and emails of other key personnel (e.g., CFO, COO, Director of Nursing, etc.):

Number of employees: Full Time _____ Part Time _____ Total _____

Number of residents served: _____ Number of Clients Served: _____

Planning stages or under construction? Expected opening date _____

MANAGEMENT

Self-managed

Management company name _____ For-profit Non-for-profit

Tax Exempt Status: 501 (c)(3) 501 (c)(4) Other (please specify) _____

SPONSORSHIP

Full Name of Parent Company or Sponsor: _____

(Parent organizations are those that have more than one community as part of their overall operation)

Primary Contact at Parent Company or Sponsor: _____

Email: _____ Address: _____

SERVICE TYPES – check all that apply at this community

- Assisted Living No. of Units _____
- CCRC No. of Skilled Nursing Beds _____ No. of Assisted Living Beds _____ No. of Housing Units _____
- Skilled Nursing No. of Beds _____ Medicare certified Medicaid certified
- HCBS
- Senior Housing
- Supportive Living
- Hospice

Additional Information – check all that apply at this community

- Intermediate Care No. of Beds _____
- Sheltered Care No. Licensed _____ No. Occupied _____
- ICF
- Independent Living

HOUSING

- Market Rate Housing No. of Units _____ Public Housing Authority No. of Units _____
- Tax Credit-Funded Housing No. of Units _____ HUD Subsidized Housing No. of Units _____
- HUD Program Type: Section: 221d3 202(old) 202 231 232 236 PRAC
- Other Housing Type (Please specify): _____ No. of Units _____

Home and Community Based Services (HCBS)

If HCBS, specify type(s) of services (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Adult Day Services | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Memory Care | <input type="checkbox"/> Home Care Agency | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Blind/Visually Impaired Services | <input type="checkbox"/> Home Health Agency | <input type="checkbox"/> Respiratory Care |
| <input type="checkbox"/> Congregate Meals | <input type="checkbox"/> Home Infusion Therapy | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Durable Medical Equipment | <input type="checkbox"/> Homemaker | <input type="checkbox"/> Transportation Program |
| <input type="checkbox"/> Geriatric Clinic | <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> HCBS Hospice Care | <input type="checkbox"/> Occupational Therapy | |
| <input type="checkbox"/> HCBS Personal Care | <input type="checkbox"/> PACE Program | |

Special Program Types (For National Dues Structure)

- | | |
|---|------------------|
| <input type="checkbox"/> Adult Day (standalone – no other services) | No. Served _____ |
| <input type="checkbox"/> Hospice Program (standalone – no other services) | No. Served _____ |
| <input type="checkbox"/> PACE Program (standalone – no other services) | No. Served _____ |
| <input type="checkbox"/> Public Housing Authority | No. Served _____ |
| <input type="checkbox"/> Village | No. Served _____ |

LeadingAge Illinois’ bylaws require:

- That all levels of care within a single organization be included in LeadingAge Illinois membership – (e.g. a community that has both assisted living and independent living units must include all units in their LeadingAge Illinois membership).
- That each Illinois organization affiliated with a multi-site corporation/system must be in LeadingAge Illinois membership – (e.g. a multi-site corporate housing sponsor must bring each of its sites into LeadingAge Illinois membership).

MEMBERSHIP DUES CALCULATIONS *(Actual dues will be calculated by LeadingAge Illinois and invoiced accordingly)*

LeadingAge Illinois assesses dues for joint membership in LeadingAge Illinois and our national partner LeadingAge. LeadingAge Illinois calculates dues using a millage system based on program service revenue. Please note that the information you provide is for LeadingAge Illinois/LeadingAge internal staff use only, to determine your membership dues. It will not be shared with any other organization.

Program service revenue is defined as the revenue an organization receives from aging services activities are “primarily those that form the basis for an organization’s exemption from tax,” according to the IRS and how your membership dues are calculated. It EXCLUDES unrelated items such as interest, realized and unrealized gains or losses, special events/activities, charitable contributions and any other services unrelated to the LeadingAge mission. **The program service revenue should come from IRS Form 990, Part I, line 9 of the most recently completed fiscal year.**

1. Please report your program service revenue and the fiscal year it represents:

_____ Fiscal Year _____
 Program Service Revenue

2. If your organization *does not* file a Form 990 with the IRS, provide program service revenue from one of the following documents using the IRS definition (above):

- The Organization’s most recent Audited Financial Statement
- Medicaid Cost Report
- Profit and Loss statement
- Rental Income (Housing members only)

Invoice Contact Name/Title: _____
 Address: _____
 Phone: _____ Email: _____

LeadingAge Illinois Dues Millage System:

Program Service Revenue=	>\$10M	\$1M-\$10M	<\$1M
Rate x PSR	0.00065	0.00070	0.00075
Plus	\$750	\$250	\$100

Maximum Dues: \$24,000 Minimum Dues: \$500