



Illinois Association of  
Community Care Program Homecare Providers  
**Membership Application**

**SEND COMPLETED APPLICATION TO:**

Illinois Association of Community Care Program Homecare Providers • 100 E. Washington Street • Springfield, IL 62701  
Phone: 217-528-3183 • Fax: 217-528-6545 • info@iaccpHP.org

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

## STEP 1: PROFILE

### CONTACT INFORMATION

Agency Name:

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Address (for display on IACCPHP web directory):

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City:

State:

Zip:

---

Phone:

Fax:

---

Agency Website:

---

Billing Address (if different than above):

---

City:

State:

Zip:

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Phone:

Fax:

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Executive Director/CEO Name:

Email:

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Primary Contact and Title:

Email:

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(Please see Step 6 to submit additional staff names and email addresses to be added to the IACCPHP member benefit electronic mailing list for the *Notebook* e-newsletter and materials on upcoming IACCPHP educational events.)

**DID SOMEONE REFER YOU TO IACCPHP?** If so, please indicate \_\_\_\_\_

**SERVICES**

In which PSAs do you provide services? \_\_\_\_\_

Which CCP services do you provide?

- In-Home
- Adult Day
- Emergency Home Response
- Medication Dispensing

Number of clients served annually in Illinois: \_\_\_\_\_

Number of home care aides employed in Illinois: \_\_\_\_\_

Total number of employees in Illinois: \_\_\_\_\_

**OTHER SERVICES**

Do you provide any of the following services/programs?

- Home Health
- Private Duty
- Other Medicaid waiver

If yes, which waiver program? \_\_\_\_\_

**CHECK THE COUNTIES SERVED BY YOUR AGENCY**

- |                                    |                                     |                                     |                                     |                                      |                                     |
|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| <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   |

**AFFILIATIONS**

Does your organization belong to another trade/professional association?  No  Yes (if yes, please list):

\_\_\_\_\_  
\_\_\_\_\_

## LEGISLATIVE INFORMATION

Do you have a good relationship with any elected officials?  No  Yes If yes, please list:

Official Name	Office/Position

## STEP 2: DUES WORKSHEET

(You are **required** to complete dues worksheet information)

Membership dues are based on hours/units and the DOLLAR EQUIVALENT billed during the prior fiscal year.

Entity Billed	Units/Hours Billed	Dollar Equivalent
IDoA		
MCO		
<b>TOTAL DOLLARS:</b>		

## STEP 3: MEMBERSHIP LEVEL

Mark your dues selection based on your **TOTAL DOLLARS** from the previous table.

Tier	Hours/Units Dollars Equivalent	IACCPHP Membership Dues
1	\$500,000 and under	<input type="checkbox"/> \$337.50
2	\$500,001 - \$1,000,000	<input type="checkbox"/> \$675.00
3	\$1,000,001- \$2,500,000	<input type="checkbox"/> \$1,312.50
4	\$2,500,001- \$4,000,000	<input type="checkbox"/> \$2,100.00
5	\$4,000,001- \$8,000,000	<input type="checkbox"/> \$3,300.00
6	\$8,000,001 – \$15,000,000	<input type="checkbox"/> \$6,000.00
7	\$15,000,001 and over	<input type="checkbox"/> \$7,500.00

## STEP 4: DUES PAYMENT

<p><b>PAYMENT AMOUNT:</b></p> <div style="border: 1px solid black; width: 150px; height: 50px; margin: 10px auto; text-align: center; font-size: 24px;">\$</div> <p>Pay by check or credit card.</p> <p>CHECKS SHOULD BE MADE PAYABLE TO: IACCPHP 100 East Washington Street Springfield, IL 62701</p> <p><input type="checkbox"/> Check # _____</p>	<p><b>COMPLETE FOR CREDIT CARD PAYMENT ONLY</b> - Do not mail or email credit card information. Fax application with credit card to 217-528-6545 or call 217-528-3183 to provide credit card information over the phone.</p> <p><input type="checkbox"/> Visa   <input type="checkbox"/> MasterCard</p>	
	Name of Card Holder	
	Card#	
	Exp. Date	Security Code
	Card Billing Address (If different from above)	Zip Code
	Signature	

## STEP 5: POLICIES

- Membership in the Illinois Association of Community Care Program Home Care Providers (IACCPHP) is open to providers participating in the Illinois Department on Aging's Community Care Program.
- Membership benefits begin upon receipt of payment.
- Membership renewals are subject to audit by IACCPHP. By submitting your dues renewal form, you agree to submit proof of revenue upon request.
- Membership dues are non-refundable.
- Dues payments to IACCPHP are not deductible as a charitable contribution for federal income tax purposes. Dues payments may be deductible as a business expense, less 4% of the dues payment utilized for IACCPHP's lobbying activities on behalf of members.
- All members must abide by the IACCPHP Code of Ethics.

I have read and understand the IACCPHP dues policies and certify that I have accurately estimated my revenue for the previous year and have calculated my dues correctly. I understand that membership applications/renewals are subject to audit by IACCPHP; I agree to submit proof of revenue upon request.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

## STEP 6: ADDITIONS TO MAILING LIST

Please list all additional staff to be added to the IACCPHP member benefit electronic mailing list to receive the *Notebook*, e-newsletter and receive materials on upcoming IACCPHP educational events.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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