

LeadingAge Illinois Application for Membership – For-Profit

MEMBER INFORMATION

Provider or Organization Name _____

Address _____

City _____ County _____ State _____ Zip Code _____

Telephone _____ FAX _____ Website _____

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: _____

Type of Sponsorship:

Community

Private Foundation

Fraternal

Religious (include denomination) _____

Government

Union

Hospital

Other (please specify) _____

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):

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

Special Program Types (For National Dues Structure)

Adult Day (standalone – no other services) No. Served _____
 Hospice Program (standalone – no other services) No. Served _____
 PACE Program (standalone – no other services) No. Served _____
 Public Housing Authority No. Served _____
 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: _____

Membership Dues Information

LeadingAge Illinois Dues Millage System

LeadingAge Illinois calculates dues using a millage system based on program service revenue.

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

LeadingAge National Dues Band System

National dues are calculated on a 10-level dues band structure. Each level represents the annual program service revenue collected by an organization at the site level. There are also some special categories that are charged outside the dues band. Please see below.

LeadingAge Dues Bands



Level	Program Service Revenue annual revenue from programs less grants or donations	National Annual Dues
10	>\$27,000,000	\$9,300
9	\$26,999,999 — \$24,000,000	\$8,000
8	\$23,999,999 — \$20,000,000	\$7,000
7	\$19,999,999 — \$17,000,000	\$6,000
6	\$16,999,999 — \$14,000,000	\$5,000
5	\$13,999,999 — \$9,900,000	\$4,000
4	\$9,899,999 — \$7,000,000	\$3,000
3	\$6,999,999 — \$4,400,000	\$2,000
2	\$4,399,999 — \$1,900,000	\$1,000
1	<\$1,899,999	\$350*
Special Programs the below members have a different dues structure		
	Adult Day (standalone – no other services)	\$200 flat fee
	Hospice (standalone – no other services)	50% off the applicable band
	PACE (standalone – no other services)	\$2,500 flat fee
	Public Housing Authority (per site)	\$350 flat fee
	Village (per site)	\$175 flat fee
Corporate Multisite Program <i>If you have multiple communities in membership within a single state, we can offer a single payment option. Add up all the Program Service Revenue (PSR) for all communities and apply the band above. If the cumulative PSR is greater than \$27 million, please use the following formula to calculate Corporate Multisite Program dues:</i> Total cumulative PSR for all sites x 0.0003 + \$550		
*minimum dues for regular band is \$350		