

LEADINGAGE ILLINOIS APPLICATION FOR MEMBERSHIP



MEMBERSHIP INFORMATION

Provider or Organization Name

Address

City

County

State

ZIP Code

Telephone

Fax

Website

Medicare ID

EIN:

How did you hear about Leading Age Illinois?

What are your primary interests in Leading Age Illinois membership?

Primary Contact :

Primary Contact Title :

Primary Contact Email :

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

Number of Employees: Full Time:

Part Time:

Total:

Number of Residents Served :

Number of Clients Served :

Planning stage or under construction?

Expected opening date:

(continued on next page)

MANAGEMENT

Self-managed

Management Company Name

For Profit Not 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 of 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

(continued on next page)

- 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 Service 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

(continued on next page)

<input type="checkbox"/> Durable Medical Equipment	<input type="checkbox"/> Home Maker	<input type="checkbox"/> Transportation Program
<input type="checkbox"/> Geriatric Clinic	<input type="checkbox"/> Meals on Wheels	<input type="checkbox"/> Other <input type="text"/>
<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 (stand-alone - no other services)	No. Served	<input type="text"/>
<input type="checkbox"/> Hospice (stand-alone - no other services)	No. Served	<input type="text"/>
<input type="checkbox"/> Area Agencies on Aging	No. Served	<input type="text"/>
<input type="checkbox"/> PACE Program (stand-alone – no other services)	No. Served	<input type="text"/>
<input type="checkbox"/> Public Housing Authority (per site)	No. Served	<input type="text"/>
<input type="checkbox"/> Village (per site)	No. Served	<input type="text"/>

LEADINGAGE ILLINOIS' BY LAWS 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 and used 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 and 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 organization's 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:

Program Service Revenue

Fiscal Year

2. If your organization does not file a Form 990 with the IRS, please provide your program service revenue in the below field using one of the following documents (please reference the IRS definition (on the preceding page)).

Check One:

The Organization's most recent Audited Financial Statement

Medicaid Cost Report

Profit and Loss statement

Rental Income
(Housing members only)

Program Service
Revenue

Fiscal Year

Invoice Contact Name/Title:

Address:

Phone:

Email:

Membership Dues Information is located on the following page.

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		
National Annual Dues		
Level	Program Service Revenue annual revenue from programs less grants or donations	Provider Dues
10	>\$27,000,000	\$9,300
9	\$24,000,000 - \$27,000,000	\$8,000
8	\$20,000,000 - \$24,000,000	\$7,000
7	\$17,000,000 - \$20,000,000	\$6,000
6	\$14,000,000 - \$17,000,000	\$5,000
5	\$9,900,000 - \$14,000,000	\$4,000
4	\$7,000,000 - \$9,900,000	\$3,000
3	\$4,400,000 - \$7,000,000	\$2,000
2	\$1,900,000 - \$4,400,000	\$1,000
1	<\$1,900,000	\$350
Adult Day (stand-alone - no other services)		\$200 Flat Fee
Area Agencies on Aging		\$350 Flat Fee
PACE (stand-alone - no other services)		\$2,500 Flat Fee
Public Housing Authority (per site)		\$350 Flat Fee
Village (per site)		\$175 Flat Fee
Hospice (stand-alone – no other services)		50% off the applicable dues band
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		