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 Leac	ling Age Illinois?			
What are your primary intere	sts in Leading Age Illino	ois membership?		
Primary Contact :			Primary Contact Title	:
Primary Contact : Email				
Names, titles and emails of o	ther key personnel (e.g.,	, CFO, COO, Director of Nu	rsing, Member record	l etc.):
Number of Employees: Full Ti	me:	Part Time:	Tota	al:
Number of Residents :		Number of Clients Served	· :	
Planning stage or under cons	struction?	Expected opening	date:	

Self-managed		
Management C	Company Name For Profit Not For Pro	it
Tax exempt status :	501(c)(3) 501(c)(4) Other (please specify)	
SPONSORSHIP		
Full name of Parent Co	ompany or Sponsor:	
(Parent organizations are	those that have more than one community as part of their overall operation)	
	rent Company or Sponsor:	
Email:	Address:	
Type of Sponsorship:		
Community	Private Foundation	
Fraternal	Religious (include denomination)	
Government	Union	
Hospital	Other (please specify)	
CEDVICE TYPES		
SERVICE TYPES		
Check all that appl	y at this community	
Assisted Living	No. of Units	
CCRC	No. of Skilled Nursing Beds	
	No. of Assisted Living Beds	

HCBS		
Senior Housing		
Supportive Living		
Hospice		
Additional Information - check all that apply a Intermediate	No. Occupied	
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) 236 PRAC	202 231 232
Other Housing Type (please specify)	230 11010	No. of Units
HOME AND COMMUNITY BASED SE	RVICES (HCBS)	
If HCBS, specify type(s) of services (che	ck all that apply):	
Adult Day Service	Hearing Impared	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)

Durable Medical Home Make	er	Transportation Program	
Geriatric Clinic Meals on W	heels	Other	
HCBS Hospice Care Occupation	nal Therapy		
HCBS Personal Care PACE Progr	ram		
	IEC CEDILICELIDES		
SPECIAL PROGRAM TYPES (FOR NATIONAL DU	JES STRUCTURE)		
Adult Day (stand-alone - no other services)	No. Served		
Adult Day (stand-alone - no other services)	No. Served		
Adult Day (stand-alone - no other services) Hospice (stand-alone - no other services)	No. Served		
Adult Day (stand-alone - no other services) Hospice (stand-alone - no other services) Area Agencies on Aging	No. Served No. Served No. Served		
Adult Day (stand-alone - no other services) Hospice (stand-alone - no other services) Area Agencies on Aging PACE Program (stand-alone - no other services)	No. Served No. Served No. Served No. Served		

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 <u>each</u> 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

LeadingAge Illinois assesses dues for joint membership in LeadingAge Illinois and our national partner LeadingAge. LeadingAge Illinois calculates dues using a dues band 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.

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 **Program Service** Fiscal Year (Housing members only) Revenue Invoice Contact Name/Title: Address: Phone: Email:

The organization's program service revenue should come from IRS Form 990, Part I, line 9 of the most recently

Membership Dues Information

LeadingAge Illinois Dues Band System

LeadingAge Illinois dues are calculated on a multi-level dues band structure. Each level represents the annual program service revenue collected by an organization at the site level.

2024 LeadingAge Illinois Annual Dues			
Level	Program Service Revenue or Operating Revenue (Annual revenue from programs less grants or donations)	Dues	
12	>\$30,000,000	\$26,000	
11	\$27,000,000 - \$30,000,000	\$22,500	
10	\$24,000,000 - \$27,000,000	\$19,500	
9	\$20,000,000 - \$24,000,000	\$16,500	
8	\$17,000,000 - \$20,000,000	\$14,000	
7	\$14,000,000 - \$17,000,000	\$11,500	
6	\$9,900,000 - \$14,000,000	\$9,000	
5	\$7,000,000 - \$9,900,000	\$7,000	
4	\$4,400,000 - \$7,000,000	\$5,000	
3	\$1,900,000 - \$4,400,000	\$2,500	
2	\$1,000,000 - \$1,900,000	\$1,250	
1	<\$1,000,000	\$750	

LeadingAge National Dues Band System

National dues are calculated on a multi-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



	2024 National Annual	Dues (per site)	
Level	Program Service Revenue or Operating	Provider Member	
	Revenue	Affordable Housing, Assisted Living, Community Based	
	annual revenue from programs less grants or donations	Services, Continuing Care at Home, CCRC, Home Health Care, Home Care, Independent Living, Skilled Nursing	
10	>\$27,000,000	\$9,625	
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	
Hospice	(no other services)	50% of Applicable Dues Band	
A dult Da	*	Ć200 Flat Fac	
Adult Day*		\$200 Flat Fee	
Area Agencies on Aging* PACE*		\$350 Flat Fee \$2,500 Flat Fee	
Public Housing Authority*		\$350 Flat Fee	
Senior Center*		\$200 Flat Fee	
Under Construction*		\$350 Flat Fee	
Village*		\$175 Flat Fee	

Corporate Multisite Program

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:

Total cumulative PSR for all sites x 0.0003 + \$550

*Flat Fees are offered only to the provider members above who offer only the described service and no other services. The fee is per site.

Minimum dues: \$350 Maximum dues: \$9625