

# 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
- Memory Care
- Blind/Visually Impaired Services
- Congregate Meals
- Hearing Impaired
- Home Care Agency
- Home Health Agency
- Home Infusion Therapy
- Physical Therapy
- Rehabilitation
- Respiratory Care
- 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

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.

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

### 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.

Level	Program Service Revenue or Operating Revenue <small>(Annual revenue from programs less grants or donations)</small>	Provider Member Dues <small>(Affordable Housing, Assisted Living, Community Based Services, Continuing Care at Home, CCRC, Home Health Care, Home Care, Independent Living, Skilled Nursing)</small>
12	>\$30,000,000	\$35,625
11	\$27,000,000 - \$30,000,000	\$32,125
10	\$24,000,000 - \$27,000,000	\$27,500
9	\$20,000,000 - \$24,000,000	\$23,500
8	\$17,000,000 - \$20,000,000	\$20,000
7	\$14,000,000 - \$17,000,000	\$16,500
6	\$9,900,000 - \$14,000,000	\$13,000
5	\$7,000,000 - \$9,900,000	\$10,000
4	\$4,400,000 - \$7,000,000	\$7,000
3	\$1,900,000 - \$4,400,000	\$3,500
2	\$1,000,000 - \$1,900,000	\$1,600
1	<\$1,000,000	\$1,100