



inspire...serve...advocate

## Provider Membership Application

Application for organizations whose primary mission is serving seniors or disabled persons

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Website: \_\_\_\_\_

Organizational Email Address (ex. info@provider.org): \_\_\_\_\_

Chief Executive's Name: \_\_\_\_\_ Date founded: \_\_\_\_\_

Chief Executive's Email Address: \_\_\_\_\_

Employees: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Total: \_\_\_\_\_

Residents/Clients: Number of clients or residents served: \_\_\_\_\_

Affiliation:

Self-Managed/Stand Alone

Management Company: \_\_\_\_\_

Multi-Site Organization (please list parent company): \_\_\_\_\_

Tax Status:  Nonprofit 501(c)(3)  Nonprofit 501(c)(4)  For-profit  Government  Other

\*PLEASE NOTE: A copy of the IRS Determination Letter must be attached to complete this application

Accreditation: Are you accredited?  Yes  No ( CARF/CCAC  Joint Commission)

### Service Type

(Please complete the appropriate sections below for all service lines you offer.)

#### Assisted Living/Retirement Communities Membership

(Includes Life Plan Communities, Multi-Level Retirement Communities, Stand Alone Assisted Living Communities licensed as Residential Care Facilities for the Elderly, or RCFEs, under the California Health & Safety Code)

RCFE Units (Assisted): \_\_\_\_\_ RCFE Units (Independent/Residential): \_\_\_\_\_

Memory Care Units: \_\_\_\_\_ Total Capacity: \_\_\_\_\_ License #: \_\_\_\_\_

Do you have a certificate of Authority to offer Continuing Care/Life Plan Contracts?  Yes  No

Are you a Life Care community?:  Yes  No

Are you a participant in the Assisted Living Waiver?  Yes  No (if yes, please provide Medi-Cal Provider #: \_\_\_\_\_)

#### Skilled Nursing Membership

(Includes standalone skilled nursing facilities and health centers part of a larger MLRC or CCRC campus.)

Medi-Cal Provider #: \_\_\_\_\_ Do you accept Medi-Cal?  Yes  No

Total SNF Units: \_\_\_\_\_ Do you accept Medicare?  Yes  No

#### Senior Housing Membership

(Includes subsidized low income and market rate housing that does not directly provide services other than service coordination.)

Subsidized Units: \_\_\_\_\_ Non-subsidized (market rate) Units: \_\_\_\_\_ Total Units: \_\_\_\_\_

Service Coordinator?  Yes  No

Finance & Subsidy Source:

Tax Credit  Section 8 (Vouchers)  HUD 202 (Supportive Housing)  HUD 231 (Mortgage Insurance)

HUD 232 (loan)  HUD 236 (Preservation)

**Home-and-Community-Based Membership**

(Includes programs that offer services in the home setting or at a public site.)

- Program of All Inclusive Care for the Elderly (PACE)       Community-Based Adult Services (CBAS)     Home Health Care
- Hospice Agency     Village                       Senior Services       Care Coordination Agency     Adult Day Care
- Psychotherapy       Senior Center     Private Duty

Total Number of Clients Served: \_\_\_\_\_

**LeadingAge Membership includes your entire organization!**

Please list any staff, residents/clients, board members you think would like to receive communications from LeadingAge California. (Excludes third party consultants.)

Name	Title	Email	Staff	Resident	Board Member

**How to Submit This Application**

Send this completed application to LeadingAge California via fax at (916) 428-4250 or email at [mripley@leadingageca.org](mailto:mripley@leadingageca.org) together with your 990 Tax Form listing your program service revenue or your operating expenses if you are state/city/county operated or owned. If you have questions, please contact Melanie Ripley, Director of Membership at [mripley@leadingageca.org](mailto:mripley@leadingageca.org).

*Thank you for becoming a valued member of the LeadingAge family! Once your membership is approved an invoice will be generated for your payment.*

I understand the bylaws require organizations with multiple sites, communities or locations shall be required to have all eligible sites, communities and locations to be active Provider Members of LeadingAge California.

The applicant business and I agree to LeadingAge California's policies and to be bound by LeadingAge California's bylaws and by all applicable rules and regulations, as they may be amended from time to time by LeadingAge California (a copy of these policies are available by written request to LeadingAge California by mail at 1315 I Street, Sacramento, CA 95814.) All sales are final. No refunds on annual membership dues.

**Privacy Consent Language for LeadingAge California Communications:** Whenever I provide e-mail address(es) and fax number(s) to LeadingAge California the business and I are consenting to receive LeadingAge California communications by email and fax, including, but not limited to, conference/hotel registration notices, legislative updates, exhibitors' communications, educational opportunities and membership reminders, as well as promotions of LeadingAge California's various programs and services provided as benefits of membership.