

Provider Membership Application

Application for organizations whose primary mission is serving older adults 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.

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 #: _____)

Nursing Home (Skilled Nursing) Membership

Includes standalone nursing home 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

Affordable 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) ☐ 221D3

Home-and-Community-Based Membership

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

- | | |
|-------------------------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Program of All Inclusive Care for the Elderly (PACE) | <input type="checkbox"/> Senior Services |
| <input type="checkbox"/> Community-Based Adult Services (CBAS) | <input type="checkbox"/> Adult Day Care |
| <input type="checkbox"/> Home Health Care | <input type="checkbox"/> Psychotherapy |
| <input type="checkbox"/> Hospice Agency | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Village | <input type="checkbox"/> Private Duty |

Total Number of Clients Served: _____

Hospice Demographics

- ☐ Licensed ☐ Licensed and Certified

CMS Certification # (CCN): _____

CDPH License #: _____

Accrediting Organization: ☐ ACHC ☐ CHAP ☐ JC

Hospice House: ☐ Yes ☐ No

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).

			Staff	Intern/ Student	Board Member
Name	Title	Email			

How to Submit This Application

Send this completed application to LeadingAge California via email at mrpley@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. Once your application is received an invoice will be generated for your annual dues. Note all new providers receive a 50% in their first year of dues and our annual billing cycle is January 1st through December 31st.

LeadingAge California membership for providers requires additional annual membership with our national partner, LeadingAge. Dues are calculated on dues band system based on a member organization's program service revenue, audited financials, operating budget, annual P&L statement or rental income for housing members. Our dues are based upon a banded formula and figured based upon your program service revenue. Most members can find this information on their most recent form 990 that they have to file with the IRS. Others can find the information on their most recent cost report information or their financial statements. **For a complete overview of our dues structure, visit www.leadingageca.org/dues.**

If you have questions, please contact Melanie Ripley, VP of Membership at mrpley@leadingageca.org.

I understand the bylaws require organization 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.