LeadingAge Connecticut & Rhode Island

Provider Member Application

The Power of Membership: Unified Voice, Broader Impact

LeadingAge Connecticut & Rhode Island Provider Member Application

Thank you for your interest in LeadingAge Connecticut & Rhode Island Membership. Please fill out the following information to complete your application. Please note that membership in LeadingAge Connecticut & Rhode Island requires enrollment of all affiliates of an organization. An organization is defined as all corporate entities or part thereof controlled by a single chief staff executive or a common or significantly overlapping board of directors.

Please fill out the following information and return to LeadingAge Connecticut & Rhode Island.

Name of Principle Provider Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

Public e-mail address: _____

President/CEO/Executive Director: _____

President/CEO/Executive Director E-mail: _____

Sponsorship: _____

Sponsorship Type: ☐ Religious ☐ Community ☐ Fraternal ☐ Municipal ☐ Other: _____

License: Please attach a copy of your current facility license(s) and 501 (C3) Certificates, if applicable.

Member Type

Please check all that apply, fill in number if required.

- ☐ Life Plan Community
- ☐ Nursing Facility (not part of Life Plan Community)
- ☐ Assisted Living Facility (not part of a Life Plan Community
- ☐ Senior Housing Site (not part of a Life Plan Community)
- ☐ Home Care Agency
- ☐ Management Company
- ☐ RCH
- ☐ Housing Unit
- ☐ Adult Day Services
- ☐ Other Community Service Programs

Life Plan Communities

LeadingAge Connecticut & Rhode Island membership is open to life plan communities regardless of federal tax status, which are registered with the Department of Social Services as a continuing care facility with the state and are not owned or controlled by a publicly traded entity.

Organization Status: ☐ Non-Profit ☐ Investor-Owned (Not publicly traded or private equity) ☐ Other

Name of Owner: _____

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Please fill out the following information for our records and consumer directory.

Adult Day Center:

Name: _____

Address: _____ Number of Clients: _____

Contact Person: _____ Title: _____

Email Address: _____

Assisted Living Community:

Name: _____

Address: _____ Number of Units: _____

Contact Person: _____ Title: _____

Email Address: _____

Home Health Agency:

Name: _____

Address: _____

Contact Person: _____ Title: _____

Email Address: _____

Housing Units:

☐ Market-rate Senior Housing ☐ State-Funded Senior Housing ☐ Federally-Funded Senior Housing
Specify: _____

☐ Tax Credit/ Income Restricted Senior Housing (LIHTC)
Number of units: _____

Name: _____

Address: _____

Contact Person: _____ Title: _____

Email Address: _____

Life Plan Community:

Name: _____

Address: _____ Number of Units: _____

Contact Person: _____ Title: _____

Email Address: _____

Residential Care Home (CT):

Name: _____

Address: _____ Number of Beds: _____

Contact Person: _____ Title: _____

Email Address: _____

Skilled Nursing:

Name: _____

Address: _____ Number of Beds: _____

Contact Person: _____ Title: _____

Email Address: _____

LeadingAge Connecticut & Rhode Island

Dues Explanation

for LeadingAge Connecticut & Rhode Island and LeadingAge

Both LeadingAge Connecticut & Rhode Island and LeadingAge National dues are calculated using a dues band system based on a member organization's program service revenue.

Program services are those activities your organization was created to conduct, plus programs and activities later added, that form the basis of your current federal tax exemption. Program service revenue includes, but is not limited to, revenue from nursing care, assisted living, independent living, adult day care services, home health care, transportation, outpatient services, hospice, meals, and other community-based services.

Program service revenue would exclude your interest on savings and temporary cash investments, realized and unrealized gains or losses, special events and activities, charitable contributions, and any other services unrelated to LeadingAge's mission.

The program service revenue should come from IRS Form 990, Part 1, Line 9 of the most recently completed fiscal year.

1. If your organization does not file Form 990 with the IRS, provide program revenue from one of the following documents using the IRS definition (see above) for program service revenue:
   - The organization's audited financial statement
   - Medicaid Cost Report
   - Profit and loss statement
   - **Affordable Housing Members**: Please provide annual rental income if Program Service Revenue does not apply.

2. Please report your program service revenue and fiscal year it represents:

_____ _____

Program Revenue Fiscal Year

Support Services

So that we better understand those services offered by our member organizations, please check all services that you have included in your program service revenue.

- ☐ Alzheimer's Care
- ☐ Congregate Meals
- ☐ Geriatric Clinic
- ☐ Hospice Program
- ☐ Meals on Wheels
- ☐ Memory Care
- ☐ Occupational Therapy
- ☐ PACE Program
- ☐ Personal Care
- ☐ Pharmacy
- ☐ Physical Therapy
- ☐ Rehabilitation
- ☐ Respiratory Care
- ☐ Respite Care
- ☐ Service Coordination
- ☐ Social/ Activities Program
- ☐ Post-Acute Care
- ☐ Transportational Program
- ☐ Other: _____

Facility Information

1. On the last day of your reporting fiscal year, how many residents/ clients were you serving? _____
2. On the last day of your reporting fiscal year, how many full-time employees did you have? _____
3. How many individuals are currently on your active volunteer roster? _____

Data Submitted by:

_____ _____

Signature Title