



MEMBERSHIP FORM

Date Completed: _____
Completed By: _____

Member ID#: _____

Join Date: _____

Check One: New Member Change of Information

Facility/Property Information

Facility or Property Name: _____

Contact Person (Property): _____ Title: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Email: _____

Facility Email: _____ Facility Web Address: _____

Sponsorship/Affiliation Information (if applicable)

Sponsor/Affiliation Name: _____

Sponsor Contact Name: _____ Title: _____

Sponsor Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Email: _____

Member Type (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> CCRC | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Nursing facilities (not part of a CCRC) | <input type="checkbox"/> Adult day service |
| <input type="checkbox"/> Assisted living facility (not part of a CCRC) | <input type="checkbox"/> medical model |
| <input type="checkbox"/> Senior housing site (not part of a CCRC) | <input type="checkbox"/> social model |
| <input type="checkbox"/> Home health agency | <input type="checkbox"/> Meals on wheels |

- Home care agency
- PACE program
- Transportation program
- Hospice program
- Geriatric clinic
- Other community service program

Type of Sponsorship:

- Religious
- Union
- Government
- Fraternal
- Hospital
- Community
- Private Foundation
- Other (specify)_____

Tax Classification: 501 (c) 3 501 (c) 4 501 (c) 6 For-Profit

Has the facility or community service organization ever been a member? Yes No

Facility/Property Data (please state number of beds/units):

I) _____ Total Licensed Nursing Care Beds (include private pay & a, b, c below).

- a) _____ Medicare Skilled Certified Beds
- b) _____ Medicaid Licensed Beds
- c) _____ Alzheimer Unit Residents

II) _____ Assisted Living Units

III) _____ Independent Living Units (Apartments; Cottages; Patio Homes)

- a) _____ Federally Subsidized Senior Housing
- b) _____ Tax Credit/Income Restricted Senior Housing
- c) _____ Market Rate Senior Housing
- d) _____ Other

IV) _____ Adult Day Care (number of residents licensed/waiver slots approved)

If Federally assisted (e.g. 202), specify type of assistance:_____

Is the facility undergoing INITIAL construction? Yes No Indicate completion date_____

Is the facility in PLANNING stages? Yes No Indicate planned construction date_____

On the last day of your reporting fiscal year, how many resident/clients were you serving? _____

On the last day of your reporting fiscal year, how many fulltime employees did you have?_____

How many individuals are currently on your active volunteer roster?_____



MILLAGE INFORMATION FOR AAHSA

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 AAHSA's mission.

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

1. If your organization does not file Form 990 with the IRS, provide program service 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

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

Program Revenue

Fiscal Year

3. Certification Status (check if applicable): Medicaid Medicare

Supportive Services

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

- Adult Day
- Adult Day Healthcare
- Alzheimer's Unit
- Home Health Care
- Home Health Agency
- Hospice
- Congregate Meals
- Occupational Therapy
- Meals on Wheels
- Physical Therapy
- Social/Activities Programs
- Rehabilitation
- Respite Care
- Senior Center
- Sub Acute Care
- Service Coordination
- Personal Care
- Transportation