



Kansas Home Care Association
Membership Application
 October 1, 2009 - September 30, 2010

For Office Use Only
 District _____ / _____
 N/R _____
 Sector _____
 G.R. _____
 Hard Copy _____

Step One: Company Information

- ✓ State ID Provider Number: _____ Medicare Certified: ____ Yes ____ No ____ Pending
 - ✓ Provider/Company Name: _____
 - ✓ Address/City/State/Zip: _____
 - ✓ Contact Person *(Person Designated to Receive Mailings)*: _____
 - ✓ Phone: _____ Fax: _____
 - ✓ E-Mail Address: _____ Web Site Address: _____
(A link will be placed on the KHCA website)
 - ✓ County of Office Location: _____
 - ✓ Counties Served *(Please list each county separately, including counties served by branch offices)*: _____
-
- ✓ Type of Organization *(Choose the ONE sector that best represents your business – FOR VOTING PURPOSES ONLY)*:

<input type="checkbox"/> Institutional (Hospital or Nursing Home based)	<input type="checkbox"/> Proprietary (For-Profit)
<input type="checkbox"/> Not-for-Profit	<input type="checkbox"/> Official (Public Health Dept. based)
 - ✓ Company Description *(For Associate Members Only)*: _____

Step Two: Dues Schedule

Locate your membership category and check the corresponding dues rate.

Note: Provider entities with different licensure numbers must use separate application forms. Membership rights and benefits are non-transferable. They shall pertain only to the single licensed entity listed on this application. Misuse of association benefits may result in the loss of membership.

1. In-Home Service Provider Membership: Organizations whose primary business is the provision of health and/or support services which are delivered in the home. "Gross Revenue" includes total charges for all services delivered in the home. Please check the appropriate category.

Gross Revenue Per Year	Dues	Gross Revenue Per Year	Dues
0 - \$50,000	_____ \$402	\$750,001 - \$1,000,000	_____ \$1013
\$50,001 - \$150,000	_____ \$522	\$1,000,001 - \$1,500,000	_____ \$1065
\$150,001 - \$250,000	_____ \$555	\$1,500,001 - \$2,000,000	_____ \$1280
\$250,001 - \$500,000	_____ \$660	\$2,000,001 - \$10,000,000	_____ \$1492
\$500,001 - \$750,000	_____ \$799	\$10,000,001 - Over	_____ \$1967

(Membership Categories Continued on Reverse Side) ➔

2. **Associate Membership:** Official, regulatory, voluntary, and/or private organizations interested in the work of the association, but do not provide direct patient services in the home. _____ \$410
3. **Individual Membership:** Persons interested in the promotion of home care in the state but would not be eligible for membership in another category or are not employees of another provider group. _____ \$163

Note: Some agencies may deduct a portion of their membership dues as an "ordinary and necessary business expense" on federal income tax. *The IRS (Omnibus Reconciliation Act of 1993) prohibits you from deducting the portion of your membership dues, which are allocable to the lobbying activities of this organization. The Kansas Home Care Association reasonably estimates that 10% of your dues are allocable to lobbying expenditures in 2010; therefore 10% of your dues are not deductible in 2010. You should seek further information on these requirements from your attorney or tax advisor.*

Step Three: Branch Office Listing for Website

Please list all branch office locations (name, city, phone) that you would like included in the KHCA on-line membership directory.

Step Four: Agency Information

Approximately how many patients do you serve on a monthly and yearly basis?

_____ Home Care _____ Hospice

What percentage of your patients is?

_____ Medicare _____ Waiver _____ Medicaid _____ Private Pay

How many staff members do you currently have in your agency?

_____ Nurses _____ Therapists _____ Aides _____ Other

Step Five: Sign and Submit Application with Payment

A. Signature Required

By this signature, I verify that the information provided on this application form is, to the best of my knowledge, correct. I understand that the membership benefits that we receive are only to be used by the company and state ID provider number listed in Step One and its employees. Furthermore, I understand that these benefits may not be transferred to another licensed agency or business, which does not hold membership in this association. Any misuse of membership rights and benefits may result in the termination of our membership. I am aware that information on contacting my company will be available for viewing by the public on the KHCA website. **Communication Consent: I understand that by providing my mailing address, email address, telephone number and fax number, I consent to receive communications, both commercial and non-commercial, via regular mail, email, telephone and/or fax sent by or on behalf of the Kansas Home Care Association (KHCA).**

 Administrator or contact person Date

B. Total Amount Due

Check payable to "KHCA" (2009-2010 Membership Dues from Step Two) \$_____

If payment is not included, please indicate when a check will be forthcoming: _____

C. Return Application and Payment to: Kansas Home Care Association
 2738 SW Santa Fe Drive / Topeka, KS 66614

Questions? Contact Beth Harrison, KHCA Business Manager, at 785/246-4334 or bharrison@kshomecare.org