



Missouri Alliance for HOME CARE

Provider Member Application

Membership Period: July 1, 2007 to June 30, 2008

The Missouri Alliance for Home Care, representing the home care industry in the state of Missouri, provides information, education, advocacy and promotion of the home care industry and its members. Please return BOTH sides of this application with your payment.

MEMBER INFORMATION

Complete one copy of this page for each site (a "site" is a physical location [address] of your company). All sites are considered MAHC members. Designate one site as your Main Site. Photocopy this page as necessary.

Input boxes for 'This IS the MAIN/Only Site of our company' and 'This is not the Main Site (multiple sites)'.

CONTACT INFORMATION

Enter the information below EXACTLY as you want your company listed with MAHC.

Company [line]

Address (THIS site) [line]

City [line] State [line] Zip [line] County [line]

Phone () [line] Ext # [line] Fax () [line] Email: [line]

Website - www. [line]

Contact Person (for this site) [line]

PROGRAMS PROVIDED:

- Checkboxes for: Certified/Licensed Home Health, Home Med. Equip, In-Home Services /DSDS, Infusion Therapy, Hospice, Adult Day Svcs, Private Duty, Staffing, Other.

AFFILIATIONS / ACCREDITATIONS

- Checkboxes for: MCHS member, CHAP accredited, MHPCA member, Joint Commission accredited, NAHC member, Other.

CORPORATE STRUCTURE (check only one)

- Checkboxes for: Freestanding, Hospital based, Government based, Nursing facility based.

(check only one)

- Checkboxes for: Not for profit, Proprietary, Government funded, Tax Exempt (attach exempt status letter).

COUNTIES SERVED

List all counties this Site serves. (Identify non-Missouri counties with state name.) Use another page if needed.

List the counties served by this site only.

Grid of lines for listing counties served.

HOME CARE RESEARCH AND EDUCATION FOUNDATION:

The Home Care Research and Education Foundation was founded to improve access to, promote quality of, and develop research to enhance positive outcomes in home care. In addition to research, part of the Foundation is an education scholarship program. Please consider making a tax deductible donation to the Foundation or the scholarship fund to help continue the work of the Foundation. See payment information section on reverse side.

Complete BOTH sides of this application and return it with your payment and tax exempt status letter (if applicable) to: Missouri Alliance for Home Care, 2420 Hyde Park, Ste A ~ Jefferson City, MO 65109-4731, Phone (573) 634-7772

2007-2008 MAHC Provider Member Dues

HOW TO CALCULATE YOUR DUES

1. Count the number of sites you are submitting with this membership application. A "site" = a physical location (address) of your company. Enclose one copy of the reverse side for each site.
2. Count the number of programs included in the "Programs Provided" section of this application. If you check more than one item in the "Program" section of the application (see reverse side), you are considered a Multiple Program provider, e.g., Certified/Licensed Home Health is one program, Hospice is one program, In-Home Services/DSDS is one program, etc.
3. Determine your Net Operating Revenue for all the programs included on this application. "Net Operating Revenue" includes the most recent fiscal year's revenues, excluding disallowances, contractual adjustments and non-operating revenues such as gifts, bequests and donations. Example: If you provide home health, hospice and in-home programs, include the net operating revenue from all three programs to determine your dues.
4. Determine the dues amount based on the chart below.

DUES CALCULATION Provider Category	Net Operating Revenue		
	\$0 to \$1 Million	\$1 Million - \$6 Million	Over \$6 Million
One Site / One Program	\$705	\$1,160	\$1,685
Multiple Sites / One Program	\$780	\$1,235	\$1,990
One Site / Multiple Programs*	\$850	\$1,302	\$2,280
Multiple Sites / Multiple Programs*	\$925	\$1,381	\$2,565

*See listing of Programs Provided on reverse side.

PAYMENT INFORMATION

Company: _____

AMOUNT OF DUES: \$ _____

Less 2% if payment is received by July 31, 2007: (_____)

Balance Due: \$ _____

Foundation donation: \$ _____

Scholarship donation: \$ _____

TOTAL ENCLOSED: \$ _____

VERIFICATION – I certify all information provided in this Provider Membership Application is accurate:

(Authorized Signature)

(Title)

(Date)

Important Information: MAHC is exempt from income tax under Internal Revenue Code 501(c)(6) as a trade association and, as such, dues and/or contributions to MAHC do not qualify as deductible charitable contributions. **Please Note:** Due to congressional action which eliminates the deductibility of lobbying expenses, MAHC reasonably estimates that only 88% of your dues payments to MAHC may be deductible as an "ordinary and necessary business expense" for federal income tax purposes. You should seek further information on this law from an attorney or tax advisor.

**Complete BOTH sides of this application and
return it with your payment and tax exempt status letter to:**



Missouri Alliance for HOME CARE

2420 Hyde Park, Suite A
Jefferson City, MO 65109-4731
Phone (573) 634-7772