

THE CONNECTICUT ASSOCIATION  
for **Home Care, Inc**

**2005-2006 HOME CARE AGENCY MEMBERSHIP APPLICATION**

**Please complete or make corrections to the information below and return the form with payment to:  
The Connecticut Association for Home Care, Inc., 110 Barnes Rd, Box 90, Wallingford, CT 06492**

Agency Name:		ID: for office use
Mailing Address:		
Primary Contact Name:	Title:	Email:
Administrative Tel: Fax:	Clinical Tel: Fax:	Website:
Accreditation: <input type="checkbox"/> JCAHO <input type="checkbox"/> CHAP <input type="checkbox"/> Neither	Is the agency Medicare Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the agency a NAHC Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the agency offer Private Duty Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**I. DUES COMPUTATION & PAYMENT SCHEDULE FOR YOUR AGENCY**

To properly calculate your dues for the current year, we need to receive a copy of either Your FY 2004 Medicare cost report or audited financial statement. Please provide a copy of this report when you submit your application. Our Provider Agency Dues Formula can be found on reverse side. However, if you pay in full before July 15, you can take advantage of a 4% discount. Please note that membership will be terminated for any provider member agency that does not remit payment of dues within 120 days following the due date(s).

**Please select payment plan:**

Payment Plan	Due Date(s)	Payment Amount
<input type="checkbox"/> Annually	July 15	\$_____ Including 4% discount
<input type="checkbox"/> Quarterly	July 15, Oct 1, Jan 1, Apr 1	\$_____ Each Quarter

**II. CONDITIONS OF MEMBERSHIP (ENCLOSED) & FCC COMMUNICATIONS CONSENT**

I accept the conditions of membership as stated. I also understand that by providing my mailing address, email address, telephone number, and fax number, I consent to receive communications via regular mail, email, telephone, and/or fax sent by or on behalf of the Connecticut Association for Home Care (CAHC).

**Date:** \_\_\_\_\_ **Name & Title:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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NOTE: CAHC is a non-profit association, certified by the Internal Revenue Service as a 501(c)(3) non-profit organization. As long as our non-dues revenue from our educational programs and other revenue sources continues to cover our lobbying and related support and expenses, the cost of your dues will be tax-deductible for your organization. (Before the end of our 2nd quarter, we will be able to give the exact percentage that is tax-deductible. For the past several years it has been 100% tax-deductible.) Dues are non-refundable. (If you are a Medicare certified agency, your total dues are an allowable cost under Section 2138 of the Medicare Provider Reimbursement Manual.)

2005-2006

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## HOME CARE AGENCY DUES FORMULA

Total agency cost (expenditures) as reported in Column 6 of either Worksheet A or Worksheet H of each agency's 2004 Medicare Cost report\* [or for other types of agencies - their 2004 Audit Statement] will be the source document and the following dues formula will be used:

- For total agency expenditures up to \$375,999, minimum dues will be \$ \$1,185. Minimum dues also apply to new agencies that have not yet submitted cost reports.
- For total agency expenditures between \$376,000.00 and \$2.8 million, multiply .3% (.003) times total agency expenditures and then multiply by 1.05861.
- For total agency expenditures between \$2.8 million and \$5 million, dues will be \$8,893.
- For total agency expenditures between \$5 million and \$10 million, dues will be \$10,078.
- For total agency expenditures between \$10 million and \$15 million, dues will be \$11,856.
- For total agency expenditures between \$15 million and \$20 million, dues will be \$12,746.
- For total agency expenditures between \$20 million and \$25 million, dues will be \$13,635.
- For total agency expenditures between \$25 million and \$30 million, dues will be \$14,524.
- For total agency expenditures between \$30 million and \$35 million, dues will be \$15,413.
- For total agency expenditures between \$35 million and \$40 million, dues will be \$16,303.
- For total agency expenditures between \$40 million and \$45 million, dues will be \$17,192.
- For total agency expenditures between \$45 million and \$50 million, dues will be \$18,081.
- For total agency expenditures in excess of \$50 million, dues will be \$18,970.

\* If your 2004 Medicare Cost Report or Audited Financial Statement is not yet available, we ask that you please submit an estimate of your expenses and your dues will be adjusted accordingly when the official report or statement does become available. Any questions, please contact Monica Godbout.