The Center for Developmental Disabilities Advocacy and Community Supports

2020 The Center/Developmental Disabilities Membership Application

(please type or print clearly)

Facility/Program Name _____ House District #_____

Facility/Program Address_____ Senate District # _____

City _____ Congressional District # _____

State _____ Zip _____ County _____

Phone ( ) _____ Fax ( ) _____

Email _____ Website _____

Administrator/Manager's Name_____

Business Structure ☐ Individual ☐ Partnership ☐ Corporation

For Profit Status ☐ Proprietary-For Profit ☐ Non-Proprietary-Not-For-Profit

If Corporation: Name_____

Address _____

City _____ State _____ Zip_____

Phone ( )_____ Fax ( ) _____

Email _____

Owner(s)/Principal Shareholders:

Name_____ Phone ( )_____

Address _____

Name_____ Phone ( )_____

Address _____

Most recent license issue date to facility/program_____ No. of years licensed_____

Has license ever been revoked, refused, or suspended? ☐ Yes ☐ No

Was facility previously a member of IHCA/The Center? ☐ Yes ☐ No If yes, when? _____

Previous Name _____

Important

(Fill in appropriate blanks with number of beds)

TOTAL Licensed beds/slots_____

CILA_____

CRA_____

ICF/DD_____

MC/DD_____

Philosophy and Code of Ethics of The Center

- A basic human right is to have accessible quality health care.
- Full members will provide care that will meet the physiological, psychological, environmental, and spiritual needs of each resident in licensed or certified facilities or programs.
- Full members will provide qualified staff in sufficient numbers to perform competent services to meet residents' needs.
- Members will be fair and honest in all their transactions.
- Members are encouraged to engage in research and education, which will be done with the assurance that the interest and dignity of each individual is preserved and the conduct of the program is of professional quality.
- Members are encouraged to attend and participate in all appropriate Association meetings and activities.
- Members will clearly delineate their policies and will receive and act upon complaints and suggestions, utilizing established procedures of the state and national associations and related community resources.
- Members will be an integral part of the community's health program.

FOR ASSOCIATION USE

Fee_____ Check #_____

Date Rec'd_____

Region #_____ Facility ID# _____

❑ Independent Owner _____

❑ Multi-Facility _____

Facility/Program Application

Please be advised that, per section 6033(e) of the Internal Revenue Code, The Center reasonably estimates that 27.48% of your 2020 dues will be spent on lobbying and other expenditures subject to section 162(e)(1) of the Code and, therefore, is not deductible for federal income tax purposes.

Undersigned agrees that The Center, The Center-PAC, the Illinois Health Care Associaton, IHCA PAC, the Long Term Care Nurses Association (LTCNA), and the John W. Maitland, Jr./Joseph F. Warner Long Term Care Nurses Scholarship Fund may send fax and email to the numbers/addresses indicated on this application.

I represent that if I am not the owner or licensee of the facility or program for which application for membership is made, I have the authority to, and by signing this application, intend to legally bind the facility or program. I hereby agree to pay dues assessed by The Center/ Illinois Health Care Association and further agree to uphold the Code of Ethics of said Assocations. If membership is canceled, the Associations must be given 30 days advance written notification. I further agree that if the Associations take legal action to collect unpaid dues, venue will be in Sangamon County, Illinois, and I will pay the costs of collection incurred by the Associations including reasonable attorneys' fees.

_____

Signature **Date**

The Center | 1029 South Fourth Street | Springfield, IL 62703-2224
800-252-8988 | 217-528-6455 | Fax 217-528-0452 | www.cddacs.org | mrucker@cddacs.org

(Revised 2/2020)

The Center for Developmental Disabilities Advocacy and Community Supports

The Center Dues

ID/DD, MC/DD, CILA AND CRA

Dues are $5.45 per licensed bed or program slot per month. The minimum monthly dues rate is $50.

Note: Dues are considered an allowable cost under the current reimbursement system.

Full Member Facility/Program Profile

IHCA/The Center's Electronic Communications (How to get IHCA/The Center's Newsletters)

In order to receive IHCA/The Center's electronic publications, an individual must have their own unique log in credentials. IHCA /The Center members can let us know which newsletters they would like to receive by logging into the IHCA member portal and updating their communications preferences in their contact profile. The Administrator/Contact listed on this form will be listed as the Primary Contact for your organization. Once the company information has been entered into our membership database, the Primary Contact will be able to log in and create new contacts under your organization. To find out how to create additional contact profiles, please log into the member portal and go to the **Members Only** page where you will find instructions and other helpful documents and information.

Support Services

(Please check services which you provide to your residents or the community)

- ❑ Day Training
- ❑ Exceptional Medical Care (DPA)
- ❑ Recreational Activities
- ❑ Religious Services
- ❑ Ventilator or other special care units
- ❑ Other_____

(please specify)

Special Characteristics

(Please check all that apply)

- ❑ JCAHO - Accredited Home
- ❑ Certificate of Need Pending or Being Developed
- ❑ Part of a Multi-Facility Corporation — Number of facilities or programs in the corporation:_____
- ❑ CARF - Accredited Program
- ❑ Other_____

(please specify)

CDDACS Member Services

In order of importance, which of the following IHCA/The Center services are of greatest interest to you as a new member? Rank 1-5, with 1 being the most important.

_____ Convention and Expo

_____ Educational Seminars

_____ Legislative Efforts

_____ Member Benefit Services

- — Accurate Biometrics (fingerprinting services)
- — CE Solutions (online staff education services)
- — HPSI (group purchasing)
- — NRC Health (performance measurement/improvement)
- — Prescription Cost Management (prescription cost savings using current pharmacy providers)

_____ Electronic Newsletters/Publications

_____ Other (e.g., regional meetings, standing committee participation, telephone access to staff, etc.)

Please explain _____

_____