



Membership is January – December

2010 OAHCP Facility Membership Application Form

Membership: Membership of this Association shall be composed of institutions, establishments, entities or homes operating as nursing homes, ICF/MR's, assisted living facilities, adult day care, home care agencies, hospices, residential care facilities, and which are licensed under the laws of the State of Oklahoma as such, which have been approved for membership by the Board of Directors.

1. A full member may be represented by any owner, officer or authorized representative of the member.
2. Full members or their designees shall have the right to attend Board of Directors and Business meetings of the Association and to serve on standing committees and task forces.
3. No entity may join this Association unless all entities affiliated by controlling ownership or management are also members. Disputes under this provision may be resolved by majority vote of the Board of Directors.
4. Full members must satisfy all dues, arrears, and assessments owed by them to the Association as designated by the Association Board of Directors.

Facility Information:

Facility Name: _____
 Street Address: _____ PO Box: _____
 City: _____ State: _____ Zip: _____
 Phone: (_____) _____ Fax: (_____) _____
 Toll Free: _____ County: _____
 Facility E-mail: _____
 Web Site: _____
 Preferred Communication Method: E-mail Fax Mail
 Administrator: _____
 E-mail (Administrator): _____
 Facility Federal Medicare/Medicaid Provider Number: _____
 Preferred Billing Method: Corporate: Facility:

Corporate Ownership Information:

(Name of corporation operating facility/licensee)
 Name: _____
 Contact Person: _____
 Street Address: _____ PO Box: _____
 City: _____ State: _____ Zip: _____
 Phone: (_____) _____ Fax: (_____) _____
 Web Site/E-mail: _____
 Multi Facility Ownership

PLEASE COMPLETE ENTIRE APPLICATION

For Profit – Corporation	<input type="checkbox"/>	For Profit Partnership	<input type="checkbox"/>
For Profit Individual	<input type="checkbox"/>	Non Profit Corporation	<input type="checkbox"/>
Government – City	<input type="checkbox"/>	Government – State	<input type="checkbox"/>
Non-Profit – Hospital Affiliated	<input type="checkbox"/>	Non-Profit – Church Affiliated	<input type="checkbox"/>
Other:	_____		

Number of Beds:

SNF/NF Beds: _____ SNF Beds: _____ NF Beds: _____
Assisted Living Beds: _____ Independent Living Apts: _____
ICF/DD: _____ Group Home: _____
Adult Day Care Capacity: _____ Residential Care Beds: _____
Other: _____
Total Capacity: _____

Special Beds:

Alzheimer's: _____ Behavior/Mental Health Unit: _____ Ventilator: _____
Head Trauma: _____ Other (please specify): _____

Facility Services Offered to Community:

Meals on Wheels: Therapies: Adult Day Care: Child Day Care:
Home Health/Community Based Svcs: Homemaker: Transportation: Respite: Hospice:
Other (please specify): _____
(Hospice, Health Information, Health Fair, Community Health Fairs)

Medical Director: _____
Office Mailing Address: _____
City: _____ State: _____ Zip: _____

<u>Print Name</u>	<u>E-mail</u>
Director of Nursing: _____	_____
Activities Director: _____	_____
Social Services Director: _____	_____
Dietary Manager/Food Service Supervisor: _____	_____
Environmental Services Manager: _____	_____

All facilities under common ownership or operational control as defined in the OAHCP Constitution and By-Laws must make application for membership in the Association. Applicants must also submit a copy of the Disclosure of Ownership and Control Interest Statement from their last State survey. Membership will continue until such membership is terminated in writing by either facility or OAHCP. The facility agrees to abide by the Constitution, Bylaws and the OAHCP Code of Ethics and may be terminated at any time, and through due process, for failure to meet standards and remittance of dues in a timely manner. By signing this application, applicant agrees to the terms and conditions set forth within.

Operator/Administrator Signature

____/____/____
Date



OAHCP Annual Dues

Annual membership is from January – December. Dues for the Oklahoma Association of Health Care Providers are calculated on an annual basis based on the number of licensed beds. Membership into OAHCP includes mandatory membership into the American Health Care Association (AHCA) and their Assisted Living affiliate, the National Center for Assisted Living (NCAL).

OAHCP ANNUAL DUES STRUCTURE Nursing Home and ICF/MR Annual Dues

Please, check one of the following to indicate method of payment and return this page with your application for membership. Invoices reminders will be mailed in December and January.

- Monthly Dues Payment:
\$55.00 per lic. bed Due: 20th of each calendar month.
- Quarterly Dues Payment:
\$53.00 per lic. bed Due: Jan. 20th, Apr. 20th, July 20th, Oct. 20th
- Semi-Annual Dues Payment:
\$51.00 per lic. bed Due: Jan. 20th and July 20th.
- Annual Dues Payment:
\$50.00 per lic. bed Due: January 20th

ICF-MR/DD

Note: 6 Beds or less have a \$250.00 maximum per facility.

Assisted Living Facility Annual Dues

\$16.00 per bed = **\$5.50** for OAHCP membership + **\$10.50** National Center of Assisted Living
There is a 200-bed maximum for Assisted Living units per facility.

Note: Dues can be paid monthly, quarterly or annually.

Residential Care/ Hospice/Adult Day Care/ Home Health Annual Dues

\$500.00 Annually

Note: Dues can be paid on an annual or semi-annual basis



Please check if you would like to join NAHCA; full annual payment of \$500.00 must be included with application. Make check payable to OAHCP.

- I would like to join National Association of Health Care Assistants

OAHCP dues are not deductible as a charitable contribution for tax purposes, but may continue to be deductible as a business expense. However, per Section 6033 (c) of the Internal Revenue Service Code for 1998, a reasonable estimate of 10% of OAHCP dues will be spent on lobbying and other expenditures subject to Section 162(e) (1) of the Code and therefore are not deductible for federal income tax purposes.

In compliance with Section 6033 (e) of the Internal Revenue Code (the Code), the American Health Care Association reasonably estimates that 31% of the 2010 AHCA dues will be spent on lobbying and other expenditures subject to section 162(e)(1) of the Code. Therefore, this portion of the dues is not deductible for Federal income tax purposes.

