Indiana Association for Home & Hospice Care

2025 Voting Membership Application - Personal Services Agency

Step One: Company Information/Main Location

Provider/Company Name: _____

Primary Contact Person *(Person authorized to cast ballots on behalf of organization)*: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (_____) _____ **Company Info Email:** _____

Fax: (_____) _____ **Individual Work Email:** _____

Toll Free Phone: (_____) _____ **Website:** _____

Number of Employees: FT: _____ PT/PRN: _____

This location offers this service: ❑ Personal Services (Non-medical)

Type of Agency: (Please check ONE only) ❑ Licensed PSA Only ❑ Not Licensed - Will Apply

This organization accepts (Please check all that apply): ❑ CHOICE ❑ Credit Cards ❑ LTC Insurance ❑ Private Pay ❑ VA ❑ Waiver

Please check the counties that <u>this location</u> serves:

❑ Adams	❑ Crawford	❑ Fulton	❑ Jasper	❑ Marion	❑ Parke	❑ Spencer	❑ Wabash
❑ Allen	❑ Daviess	❑ Gibson	❑ Jay	❑ Marshall	❑ Perry	❑ Starke	❑ Warren
❑ Bartholomew	❑ Dearborn	❑ Grant	❑ Jefferson	❑ Martin	❑ Pike	❑ St. Joseph	❑ Warrick
❑ Benton	❑ Decatur	❑ Greene	❑ Jennings	❑ Miami	❑ Porter	❑ Steuben	❑ Washington
❑ Blackford	❑ DeKalb	❑ Hamilton	❑ Johnson	❑ Monroe	❑ Posey	❑ Sullivan	❑ Wayne
❑ Boone	❑ Delaware	❑ Hancock	❑ Knox	❑ Montgomery	❑ Pulaski	❑ Switzerland	❑ Wells
❑ Brown	❑ Dubois	❑ Harrison	❑ Kosciusko	❑ Morgan	❑ Putnam	❑ Tippecanoe	❑ White
❑ Carroll	❑ Elkhart	❑ Hendricks	❑ LaGrange	❑ Newton	❑ Randolph	❑ Tipton	❑ Whitley
❑ Cass	❑ Fayette	❑ Henry	❑ Lake	❑ Noble	❑ Ripley	❑ Union	
❑ Clark	❑ Floyd	❑ Howard	❑ LaPorte	❑ Ohio	❑ Rush	❑ Vanderburgh	
❑ Clay	❑ Fountain	❑ Huntington	❑ Lawrence	❑ Orange	❑ Scott	❑ Vermillion	
❑ Clinton	❑ Franklin	❑ Jackson	❑ Madison	❑ Owen	❑ Shelby	❑ Vigo	

Services provided:

❑ Attendant Care ❑ Companion Care ❑ Home Maker ❑ Personal Emergency Response System (PERS)

❑ Respite Care ❑ Sitter ❑ Other _____

Step Two: Additional Locations (See Page 3)

Please use the attached sheet to identify all additional locations under your license number. If a location has its own license number, it does not qualify to be an additional location and must join as a Voting member.

Step Three: Additional Staff (See Page 4)

Please use the attached sheet to identify additional staff that you would like to receive correspondence from IAHHC. This will also make online event registration easier as your employees will already be in the system.

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/provider listed in Step One and Two 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 IAHHC website. **FCC Communication Consent:** I 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 Indiana Association for Home & Hospice Care (IAHHC).

_____ _____

Administrator or Contact Person Date

Step Four: Calculate Your Dues

2024 Revenue Less Contractuals	2025 Dues
New Member Rate**	$628
$1 - $250,000	$ 638
$250,001 - $500,000	$818
$500,001 - $1,500,000	$1379
$1,500,001 - $2,500,000	$2,824
$2,500,001 - $3,500,000	$4,640
$3,500,001 - $4,500,000	$6,147
$4,500,001 - $5,500,000	$8,527
$5,500,001 - $7,500,000	$10,160
$7,500,001 - $8,500,000	$11,287
$8,500,001 - $10,000,000	$11,859
$10,000,001- $11,000,000	$12,542
$11,000,000 & Up	$12,947
Membership extends one year from the month you join.	

Your IAHHC dues will be based on your previous 12 months collected revenue generated from your license number.

To view your previous year's dues, the primary contact listed on page one may log in to www.iahhc.org to view organization information and then select membership information on the info hub..

***Note:** Contributions to IAHHC are not deductible as charitable contributions for federal income tax purposes. However, 88% of your dues payment is deductible as an ordinary and necessary business expense. The Omnibus Reconciliation Act of 1993 provided that a taxpayer would no longer be able to deduct lobbying expenses. This means that the portion of dues directed to lobbying expenses is not deductible by the member/taxpayer. For 2025, we estimate this to be 12% of your dues payment.*

***The new member rate is available only for new start-up agencies that have not been billing/in the market. "New" members exclude those agencies that have been acquired or combined under a new organization.*

Installment payment plans are available; eligibility will be determined by IAHHC at time of need. Contact IAHHC's Membership Director at (317) 775-6675 for more information. New members are not eligible for installment plans.

Step Five: Payment Information *(Payment MUST accompany application)*

Provider/Company Name: _____

2025 Membership Dues Level: _____

I affirm by my signature that the revenue level reported on this application is accurate.

_____ _____
Signature of CEO Date

_____ _____
Signature of CFO Date

❑ Check (Made payable to IAHHC) ❑ Visa ❑ MasterCard ❑ American Express

Credit Card Number: ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

Expiration Date: ___ ___ / ___ ___ Security Code: ___ ___ ___

Card Holder's Name *(please print legibly)*: _____

Card Holder's Billing Address _____

As a member of IAHHC, your staff can now receive unlimited online homecare specific courses through RCTCLEARN.NET. The RCTC program offers you convenience because the courses can be taken anytime, anywhere.

Contribute to Hoosiers Helping Home & Hospice Care PAC for Political Action & Public Education*: $ _____

**Contributions to the PAC are optional, however a $50 donation is recommended.*

There are three ways to submit your application:

Mail: IAHHC
6320 – G Rucker Road
Indianapolis, IN 46220
Fax: (317) 775-6674
Online: Please email michelle@iahhc.org so that an invoice may be created

Payment Summary:

Dues Amount: $_____

PAC Contribution *(optional)* $_____

Total Amount Enclosed: $_____

For IAHHC Use Only

Date Paid ___ ___ /___ ___ / 20____

Amount Paid $ ___ ___ , ___ ___ ___

Check Number _____ CC _____

Step Two: Company Information for Additional Location

Please note: If this location has its own license, it is not eligible as an additional location. The location must join IAHHC with its own membership.

Provider/Company Name: _____

Primary Contact Person *(Person authorized to cast ballots on behalf of organization)*: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (_____) _____ **Company Info Email:** _____

Fax: (_____) _____ **Individual Work Email:** _____

Toll Free Phone: (_____) _____ **Website:** _____

Number of Employees: FT: _____ PT/PRN: _____

This location offers this service: ❑ Personal Services (Non-medical)

Type of Agency: (Please check ONE only) ❑ Licensed PSA Only ❑ Not Licensed - Will Apply

This organization accepts (Please check all that apply): ❑ CHOICE ❑ Credit Cards ❑ LTC Insurance ❑ Private Pay ❑ VA ❑ Waiver

Please check the counties that <u>this location</u> serves:

❑ Adams	❑ Crawford	❑ Fulton	❑ Jasper	❑ Marion	❑ Parke	❑ Spencer	❑ Wabash
❑ Allen	❑ Daviess	❑ Gibson	❑ Jay	❑ Marshall	❑ Perry	❑ Starke	❑ Warren
❑ Bartholomew	❑ Dearborn	❑ Grant	❑ Jefferson	❑ Martin	❑ Pike	❑ St. Joseph	❑ Warrick
❑ Benton	❑ Decatur	❑ Greene	❑ Jennings	❑ Miami	❑ Porter	❑ Steuben	❑ Washington
❑ Blackford	❑ DeKalb	❑ Hamilton	❑ Johnson	❑ Monroe	❑ Posey	❑ Sullivan	❑ Wayne
❑ Boone	❑ Delaware	❑ Hancock	❑ Knox	❑ Montgomery	❑ Pulaski	❑ Switzerland	❑ Wells
❑ Brown	❑ Dubois	❑ Harrison	❑ Kosciusko	❑ Morgan	❑ Putnam	❑ Tippecanoe	❑ White
❑ Carroll	❑ Elkhart	❑ Hendricks	❑ LaGrange	❑ Newton	❑ Randolph	❑ Tipton	❑ Whitley
❑ Cass	❑ Fayette	❑ Henry	❑ Lake	❑ Noble	❑ Ripley	❑ Union	
❑ Clark	❑ Floyd	❑ Howard	❑ LaPorte	❑ Ohio	❑ Rush	❑ Vanderburgh	
❑ Clay	❑ Fountain	❑ Huntington	❑ Lawrence	❑ Orange	❑ Scott	❑ Vermillion	
❑ Clinton	❑ Franklin	❑ Jackson	❑ Madison	❑ Owen	❑ Shelby	❑ Vigo	

Services provided:

❑ Attendant Care ❑ Companion Care ❑ Home Maker ❑ Personal Emergency Response System (PERS)

❑ Respite Care ❑ Sitter ❑ Other _____

Please photocopy for each additional location.

For Office Use Only

Parent Company: _____

Step Three: Additional Staff

Please list any additional staff you would like to receive correspondence from IAHHC. This will also make online event registration easier as your employees will already be in the system. You MUST include individual email addresses for each person. ***If you have more than one location, please indicate the office to which the person is assigned.***

Additional Staff Name: ______________________________
Email Address: ______________________________
Job Title: ____________________ **Office Location:** ____________________

Additional Staff Name: ______________________________
Email Address: ______________________________
Job Title: ____________________ **Office Location:** ____________________

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Job Title: ____________________ **Office Location:** ____________________

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Additional Staff Name: ______________________________
Email Address: ______________________________
Job Title: ____________________ **Office Location:** ____________________

Please photocopy for any additional staff.

In order to keep our database up-to-date, please update staff profiles as information changes. Thank you.