

ADDITIONAL LOCATIONS ENROLLMENT FORM

Please note all locations whose revenues are included in your membership level designation. Only the parent company will serve as a voting IHCC member. Please provide complete information to ensure that we provide accurate contact information in our database. If you wish for the additional location to have a separate vote, any additional location may instead apply for an independent IHCC membership. Provider membership applications are available at www.ilhomecare.org/members/join.html. You may make as many copies of this form as necessary.

Parent Company Name

Primary Contact Person at this location

Company Name

Mailing Address

City

State

Zip

Phone

Fax

Email

Additional Staff at this location

Email

Additional Staff at this location

Email

CHECK THE COUNTIES SERVED BY THIS LOCATION (This information helps consumers locate your agency through www.HomeCareHeadquarters.com)

- | | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Adams | <input type="checkbox"/> Edwards | <input type="checkbox"/> Kendall | <input type="checkbox"/> Moultrie | <input type="checkbox"/> Wabash |
| <input type="checkbox"/> Alexander | <input type="checkbox"/> Effingham | <input type="checkbox"/> Knox | <input type="checkbox"/> Ogle | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Bond | <input type="checkbox"/> Fayette | <input type="checkbox"/> Lake | <input type="checkbox"/> Peoria | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Boone | <input type="checkbox"/> Ford | <input type="checkbox"/> LaSalle | <input type="checkbox"/> Perry | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Franklin | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Piatt | <input type="checkbox"/> White |
| <input type="checkbox"/> Bureau | <input type="checkbox"/> Fulton | <input type="checkbox"/> Lee | <input type="checkbox"/> Pike | <input type="checkbox"/> Whiteside |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Gallatin | <input type="checkbox"/> Livingston | <input type="checkbox"/> Pope | <input type="checkbox"/> Will |
| <input type="checkbox"/> Carroll | <input type="checkbox"/> Greene | <input type="checkbox"/> Logan | <input type="checkbox"/> Pulaski | <input type="checkbox"/> Williamson |
| <input type="checkbox"/> Cass | <input type="checkbox"/> Grundy | <input type="checkbox"/> Macon | <input type="checkbox"/> Putnam | <input type="checkbox"/> Winnebago |
| <input type="checkbox"/> Champaign | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Macoupin | <input type="checkbox"/> Randolph | <input type="checkbox"/> Woodford |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Hancock | <input type="checkbox"/> Madison | <input type="checkbox"/> Richland | |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Hardin | <input type="checkbox"/> Marion | <input type="checkbox"/> Rock Island | |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Henderson | <input type="checkbox"/> Marshall | <input type="checkbox"/> Saline | |
| <input type="checkbox"/> Clinton | <input type="checkbox"/> Henry | <input type="checkbox"/> Mason | <input type="checkbox"/> Sangamon | |
| <input type="checkbox"/> Coles | <input type="checkbox"/> Iroquois | <input type="checkbox"/> Massac | <input type="checkbox"/> Schuyler | |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Jackson | <input type="checkbox"/> McDonough | <input type="checkbox"/> Scott | |
| <input type="checkbox"/> Crawford | <input type="checkbox"/> Jasper | <input type="checkbox"/> McHenry | <input type="checkbox"/> Shelby | |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Jefferson | <input type="checkbox"/> McLean | <input type="checkbox"/> Stark | |
| <input type="checkbox"/> DeKalb | <input type="checkbox"/> Jersey | <input type="checkbox"/> Menard | <input type="checkbox"/> St. Clair | |
| <input type="checkbox"/> DeWitt | <input type="checkbox"/> Jo Daviess | <input type="checkbox"/> Mercer | <input type="checkbox"/> Stephenson | |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Johnson | <input type="checkbox"/> Monroe | <input type="checkbox"/> Tazewell | |
| <input type="checkbox"/> DuPage | <input type="checkbox"/> Kane | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Union | |
| <input type="checkbox"/> Edgar | <input type="checkbox"/> Kankakee | <input type="checkbox"/> Morgan | <input type="checkbox"/> Vermilion | |

SEND COMPLETED RENEWAL TO:

Illinois HomeCare Council • 100 E. Washington Street • Springfield, IL 62701
Phone: 217-753-4422 • Fax: 217-528-6545 • info@ilhomecare.org

CHECK THE SERVICES PROVIDED BY THIS LOCATION (This information helps consumers locate your agency through www.HomeCareHeadquarters.com)

- | | | |
|--|--|---|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Maternal/Child Care | <input type="checkbox"/> Private Duty Nursing |
| <input type="checkbox"/> Assisted Living Care | <input type="checkbox"/> Medical Social Worker | <input type="checkbox"/> Psychiatric Nursing |
| <input type="checkbox"/> Community Care Program | <input type="checkbox"/> Medical Transport | <input type="checkbox"/> Respiratory Therapy |
| <input type="checkbox"/> Companion/Live in | <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Durable Medical Equipment | <input type="checkbox"/> Nutrition Counseling | <input type="checkbox"/> Skilled Intermittent Nursing |
| <input type="checkbox"/> Emergency Home Response | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Home Health Aide | <input type="checkbox"/> Pastoral Care | <input type="checkbox"/> Telemedicine |
| <input type="checkbox"/> Home Infusion Services | <input type="checkbox"/> Pediatric Care | <input type="checkbox"/> Temporary Staffing |
| <input type="checkbox"/> Home Medical Equipment | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Ventilator Care |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Physical Therapy | |

CHECK THE PAYMENT SOURCES ACCEPTED BY THIS LOCATION (This information helps consumers locate your agency through www.HomeCareHeadquarters.com)

- | | | |
|---|--|--|
| <input type="checkbox"/> Black Lung | <input type="checkbox"/> PPO | <input type="checkbox"/> TRICARE (Champus) |
| <input type="checkbox"/> DHS Office of Rehab Services | <input type="checkbox"/> Private Pay | <input type="checkbox"/> Veterans Administration |
| <input type="checkbox"/> HMO | <input type="checkbox"/> Private Insurance | <input type="checkbox"/> Voluntary Donations |
| <input type="checkbox"/> Illinois Department on Aging | <input type="checkbox"/> Sliding Scale | <input type="checkbox"/> Workers Comp |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Special Care Children's
Division | |
| <input type="checkbox"/> Medicaid | | |
| <input type="checkbox"/> Medicaid Waiver Program | | |

LEGISLATIVE INFORMATION (for this location)

Illinois Congressional District # _____
Illinois State Senate District # _____
Illinois State House District # _____

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