

DUES WORKSHEET

(You are required to complete dues worksheet information)

Illinois HomeCare Council's membership dues are based on the most recently completed fiscal year home care revenues. Net revenues are defined as gross revenues from all payers minus contractual adjustments (i.e. amount expected to be reimbursed). Home care is defined as direct services rendered through skilled intermittent care, hospice, and private duty business lines. Please include revenues from these business lines regardless of corporate structure.

Business Line	Net Revenue
Skilled Intermittent	\$
Hospice	\$
Private Duty	\$
Total Net Revenues	\$

MEMBERSHIP LEVEL

\$0 - \$250,000	\$ 1,000.00
\$250,001 - \$500,000	\$ 1,375.00
\$500,001 - \$1,000,000	\$ 2,075.00
\$1,000,001 - \$1,500,000	\$ 3,145.00
\$1,500,001 - \$3,000,000	\$ 4,145.00
\$3,000,001 - \$6,000,000	\$ 4,935.00
\$6,000,001 - \$12,000,000	\$ 5,565.00
\$12,000,001 - \$30,000,000	\$ 10,000.00
\$30,000,001 - \$50,000,000	\$ 13,000.00
\$50,000,001 or more	\$ 15,000.00

ADDITIONAL LOCATIONS (OPTIONAL)

Please note all locations whose revenues are included in your membership level designation. Please provide complete information to ensure that we provide accurate contact information in our database. Only one location can serve as a voting IHCC member. As an alternative, any additional location may instead apply for a separate IHCC membership. You may make as many copies of this form as necessary. If no additional locations, please advance to Payment & Policies section.

Primary Contact Person at this location

Company Name

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

Mailing Address

City State Zip

Phone Fax

Email

Additional Staff at this location

Additional Staff at this location

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

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

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LEGISLATIVE INFORMATION (for this location)

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

PAYMENT & POLICIES

Total Dues from table above \$ _____

<p>PAYMENT METHOD</p> <p><input type="checkbox"/> Check (payable to IHCC)</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex</p> <p>_____</p> <p>Name of Card Holder</p> <p>_____</p> <p>Card#</p> <p>_____</p> <p>Exp. Date</p> <p>_____</p> <p>Signature</p> <p>_____</p>	<p>POLICIES AND INFORMATION</p> <ol style="list-style-type: none"> 1. Membership in IHCC is open to direct providers of health and supportive services in the home. 2. Membership benefits begin with receipt of payment. 3. Membership dues are non-refundable. 4. Dues payments to IHCC are not deductible as a charitable contribution for federal income tax purposes. Dues payments may be deductible as a business expense, less 17% of the dues payment utilized for IHCC's lobbying activities on behalf of members.
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I have read and understand the IHCC dues policies, and certify that I have accurately estimated my revenue for the previous year and have calculated my dues correctly. By accepting IHCC membership, you agree to abide by the Illinois HomeCare Council Code of Ethics, www.ilhomecare.org/pdf/IHCCCodeofEthics.pdf.

Signature/Title _____ Date _____

ADDITIONS TO MAILING LIST

Please list all additional staff to be added to the IHCC member benefit electronic mailing list to receive the Communicator X-Press, link to the IHCC Listserv and receive materials on upcoming IHCC educational events.

Name: _____
 Title: _____
 Phone: _____ Fax: _____
 Email: _____

Name: _____
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