



PROFILE

CONTACT INFORMATION

Agency Name

Mailing Address

City State Zip

Phone Fax

Agency Email Agency Website

Primary Contact and Title Email

Financial Manager Name Email

Home Health/Nursing Manager 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"/> 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"/> Emergency Home Response | <input type="checkbox"/> Maternal/Child Care |
| <input type="checkbox"/> Assisted Living Care | <input type="checkbox"/> Home Health Aide | <input type="checkbox"/> Medical Social Worker |
| <input type="checkbox"/> Community Care Program | <input type="checkbox"/> Home Infusion Services | <input type="checkbox"/> Medical Transport |
| <input type="checkbox"/> Companion/Live in | <input type="checkbox"/> Home Medical Equipment | <input type="checkbox"/> Meals on Wheels |
| <input type="checkbox"/> Durable Medical Equipment | <input type="checkbox"/> Hospice | <input type="checkbox"/> Nutrition Counseling |

SEND COMPLETED RENEWAL TO:

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

- Occupational Therapy
- Pastoral Care
- Pediatric Care
- Pharmacy
- Physical Therapy
- Private Duty Nursing
- Psychiatric Nursing
- Respiratory Therapy
- Respite Care
- Skilled Intermittent Nursing
- Speech Therapy
- Telemedicine
- Temporary Staffing
- Ventilator Care

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

- Black Lung
- DHS Off. of Rehab Services
- HMO
- Illinois Department on Aging
- Medicare
- Medicaid
- Medicaid Waiver Program
- PPO
- Private Pay
- Private Insurance
- Sliding Scale
- Special Care Children’s Division
- TRICARE (Champus)
- Veterans Administration
- Voluntary Donations
- Workers Comp

LEGISLATIVE INFORMATION (for this location)

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

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

DUES WORKSHEET

(You are required to complete dues worksheet information)

Illinois HomeCare & Hospice 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	\$

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PAYMENT & POLICIES

Total Dues from table above	\$
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PAYMENT METHOD <input type="checkbox"/> Check (payable to IHHC) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex Name of Card Holder _____ Card# _____ Exp. Date _____ Signature _____	POLICIES AND INFORMATION <ol style="list-style-type: none">1. Membership in IHHC 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 IHHC 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 IHHC's lobbying activities on behalf of members.
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I have read and understand the IHHC dues policies, and certify that I have accurately estimated my revenue for the previous year and have calculated my dues correctly. By accepting IHHC membership, you agree to abide by the Illinois HomeCare & Hospice Council Code of Ethics, www.ilhomecare.org/pdf/IHCCCodeofEthics.pdf.

Signature/Title _____ Date _____

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 IHHC member. As an alternative, any additional location may instead apply for a separate IHHC 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 _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Additional Staff at this location _____

Additional Staff at this location _____

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ADDITIONS TO MAILING LIST

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

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

Name: _____
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