



**2019 COMMUNITY MEMBER DATA VERIFICATION FORM**  
 Affordable Housing, Skilled Nursing, Continuing Care Retirement Communities/Life  
 Plan Communities, Assisted Living & HCBS Providers

Please fill out this form to complete your Community Profile

Community Name: \_\_\_\_\_

Management Company, if any: \_\_\_\_\_

**Organization Data:**

Please note what year the facility opened: \_\_\_\_\_

Subsidiary Communities within Main Campus		Number of Employees
Licensed Assisted Living:		
Licensed Nursing Home:		
Health Care Center:		
Memory Care Center:		
Other:		
<b>Total Number of Employees w/ Main Campus:</b>		

Check Type of Sponsorship			
Community		Private	
Fraternal		Religious	
Government		Other	

Number of Licensed Beds/Units	Insert #		Insert #
Affordable Housing		Independent Living	
Assisted Living		Nursing Home	
Class C Boarding Home		Residential Health Care	
Comprehensive Personal Care			

Medicaid/Medicare Beds	Insert #		Insert #
Medicaid		Medicare	

**Community Services Offered:**

If these services are provided at your community, please mark with "X"							
<input type="checkbox"/>	Adult Day Care	<input type="checkbox"/>	Homemaker	<input type="checkbox"/>	Personal Services	<input type="checkbox"/>	Speech Therapy
<input type="checkbox"/>	Alzheimer's Care	<input type="checkbox"/>	Hospice Care	<input type="checkbox"/>	Pet Therapy	<input type="checkbox"/>	Therapeutic Spa
<input type="checkbox"/>	Audiology	<input type="checkbox"/>	Information & Referral	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>	Transportation Escort
<input type="checkbox"/>	Counseling	<input type="checkbox"/>	Massage Therapy/Spa	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	Ventilator Care
<input type="checkbox"/>	Congregate Meals	<input type="checkbox"/>	Meals on Wheels	<input type="checkbox"/>	Recreation Therapy	<input type="checkbox"/>	Water Therapy
<input type="checkbox"/>	Dialysis	<input type="checkbox"/>	Memory Care	<input type="checkbox"/>	Religious Counseling	<input type="checkbox"/>	Weight Training
<input type="checkbox"/>	HIV Care	<input type="checkbox"/>	Nutritional Guidance	<input type="checkbox"/>	Respite Care	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Home Health	<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>	Service Coordination	<input type="checkbox"/>	

Please list any services offered that are not included in the above table (i.e. Behavioral Management, Drug/Alcohol Dependency, Class I and above obesity accommodations):

\_\_\_\_\_

**HUD Type:**

Indicate with an "X" below:							
<input type="checkbox"/>	HUD Tax Credit	<input type="checkbox"/>	Old Section 231	<input type="checkbox"/>	New Section 202	<input type="checkbox"/>	PRAC
<input type="checkbox"/>	Section 8	<input type="checkbox"/>	Old Section 236	<input type="checkbox"/>	Section 221 – D3		
<input type="checkbox"/>	Old Section 202	<input type="checkbox"/>	Old Section 811	<input type="checkbox"/>	Section 221 – D4		

**LeadingAge New Jersey**  
2018 COMMUNITY MEMBER DATA VERIFICATION FORM, continued

**Waiver Participation:**

Yes or No	
Home and Community-Based Services	
Assisted Living for the Elderly	
Long-Term Care Division	

**Assisted Living Specialty License:**

Yes or No	
Limited Nursing	
Extended Congregate Care	

**Accreditations:**

Yes or No	
CARF-CCAC	
JCAHO	
NCQA	
Other	

*If your community is faith-based you may indicate below the denomination to note in your files for planning purposes.*

--

Yes or No	
Is this community a CCRC/Life Plan Community?	
Is this community a HCBS?	

**About Your Staff:** *Please supply the information below.*

DEPT / AREA	NAME	OFFICIAL TITLE	EMAIL
Administrator			
Admin. Assistant			
Finance			
Operations			
Assistant Manager			
Housing Manager			
Director of Nursing			
Activities Director			
Social Services Dir.			
Service Coordinator			
Chaplain			
Maintenance			
Human Resources			
Marketing			
Admissions			
Housekeeper			
Food Service/Dining			

**Please include all staff members that you would like to receive Association information, publications and educational notices. Attach additional pages to this document if needed.**

PLEASE COMPLETE THIS DATA FORM & RETURN TO:  
LeadingAge New Jersey • 3705 Quakerbridge Road, Suite 102 • Hamilton, NJ 08619 • (609) 452-1161 • Fax (609) 452-2907  
[agreenbaum@leadingagenj.org](mailto:agreenbaum@leadingagenj.org)



## 2019 MEMBER APPLICATION

AFFORDABLE HOUSING, ASSISTED LIVING, INDEPENDENT LIVING, CCRC/LIFE PLAN COMMUNITY,  
SKILLED NURSING FACILITY, AND HCBS  
*Joint Membership with LeadingAge National Required (see reverse side)*

COMMUNITY NAME: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

U.S. Congressional District: \_\_\_\_\_ New Jersey Legislative District: \_\_\_\_\_

### LEADINGAGE NEW JERSEY - DUES CALCULATION – 2019

- |  |           |             |
|--|-----------|-------------|
| <p><b>A. Program Service Revenue (see definition on page 2):</b><br/>(From Line 9, Part 1, of IRS Form 990, Audited Financial Statement, a Medicaid Cost Report, or Profit and Loss Statement)</p> | <b>\$</b> |             |
| <p><b>B. Less Flat Amount:</b><br/>(See Table 1 below)</p>   | <b>B</b>  |             |
| <p><b>C. Millage Rate:</b><br/>(See Table 1 below)</p>   | <b>C</b>  | X .00 _____ |
| <p><b>D. Calculate Amount:</b><br/>(Subtract Line B from Line A, multiply the product by Line C)</p>   | <b>D</b>  |             |
| <p><b>E. Add Flat Amount (if applicable):</b><br/>(From Table 1 below)</p>   | <b>E</b>  |             |
| <p><b>F. Total Dues Amount*:</b><br/>(Add Line D and Line E)<br/>*LeadingAge New Jersey minimum dues are \$500<br/>*LeadingAge New Jersey maximum dues are \$19,500</p>                            | <b>F</b>  |             |

**Table 1 – Millage Rate LeadingAge New Jersey and Flat Rate Table**

If Program Revenue is	Less Flat Rate BEFORE Millage	Millage Rate	Add Flat Rate as Applicable
Between \$0 and \$999,999	\$0.00	0.00200	N/A
Between \$1,000,001 and \$2,000,000	\$1,000,000	0.00050	\$2,000
Between \$2,000,001 and \$20,000,000	\$2,000,000	0.00040	\$2,500
Between \$20,000,001 and \$35,000,000	\$20,000,000	0.00035	\$9,700
Between \$35,000,001 and \$200,000,000	\$35,000,000	0.00020	\$14,950

Please Continue to Page 2

## Page 2

### 2019 MEMBERSHIP LeadingAge (National)

Joint Membership with LeadingAge (National) required. Please complete this form.

LeadingAge Dues Bands


Level	Program Service Revenue annual revenue from programs less grants or donations	National Annual Dues
10	>\$27,000,000	\$9,300
9	\$26,999,999 — \$24,000,000	\$8,000
8	\$23,999,999 — \$20,000,000	\$7,000
7	\$19,999,999 — \$17,000,000	\$6,000
6	\$16,999,999 — \$14,000,000	\$5,000
5	\$13,999,999 — \$9,900,000	\$4,000
4	\$9,899,999 — \$7,000,000	\$3,000
3	\$6,999,999 — \$4,400,000	\$2,000
2	\$4,399,999 — \$1,900,000	\$1,000
1	<\$1,899,999	\$350*

**Special Programs**  
 the below members have a different dues structure

Adult Day (standalone – no other services)	\$200 flat fee
Hospice (standalone – no other services)	50% off the applicable band
PACE (standalone – no other services)	\$2,500 flat fee
Public Housing Authority (per site)	\$350 flat fee
Village (per site)	\$175 flat fee

**Corporate Multisite Program**

*If you have multiple communities in membership within a single state, we can offer a single payment option. Add up all the Program Service Revenue (PSR) for all communities and apply the band above. If the cumulative PSR is greater than \$27 million, please use the following formula to calculate Corporate Multisite Program dues:*

**Total cumulative PSR for all sites x 0.0003 + \$550**

\*minimum dues for regular band is \$350

**Program Service Revenue Definition:** Program service revenue from aging services would be (but not limited to) revenue from nursing care, assisted living, independent living units, adult day care, home health care, transportation, outpatient services, meals on wheels, hospice and community based services. It would exclude interest, investments, realized and unrealized gains or losses, special events and activities, contributions and any other services unrelated to LeadingAge New Jersey & LeadingAge national’s missions.

**LeadingAge New Jersey Dues for 2019:**     \$ \_\_\_\_\_

**LeadingAge National Dues for 2019:**     \$ \_\_\_\_\_

**First Year Discount (50%):**     \$ \_\_\_\_\_

**TOTAL DUES 2019 (LeadingAge New Jersey and LeadingAge national):**     \$ \_\_\_\_\_

**PLEASE COMPLETE THIS APPLICATION AND RETURN TO:**

LeadingAge New Jersey • 3705 Quakerbridge Road Suite 102 • Hamilton, NJ 08619 • (609) 452-1161 • Fax (609) 452-2907  
Amy Greenbaum at [agreenbaum@leadingagenj.org](mailto:agreenbaum@leadingagenj.org)