



PROVIDER MEMBER APPLICATION

AFFORDABLE HOUSING, ASSISTED LIVING, CCRC/LIFE PLAN COMMUNITY,
INDEPENDENT LIVING, HCBS AND SKILLED NURSING FACILITY

Community Information				
COMMUNITY NAME				
Phone (p) / FAX (f)	(p)	(f)		
Street Address			ADDRESS 2	
City (c), State (s), Zip (z)	(c)	(s)	(z)	
Community URL				
Community Type				
Year Facility Opened			# of FTEs:	
County / Fraternal / Religious Affiliation (if any)				
COUNTY	N.J. LEGISLATIVE DISTRICT	U.S. CONGRESSIONAL DISTRICT		
PRIMARY CONTACT: Name				
Title				
E-Mail				
<i>If applicable: Corporate, Division of, or Parent, Company name:</i>				

List any additional Associations in which the community holds membership		

List the names of any Labor Unions with membership in the community		

Do you participate in the State Contributory or Reimbursable Unemployment Insurance Fund?	NO	YES	UNSURE
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Number of Licensed Beds/Units	#		#		#
Affordable Housing Apartments		Home & Community-Based Services (HCBS) # of patients served		Residential Health Care	
Assisted Living/CPCH		Independent Living Apartments		Special Care Nursing	
Class C Boarding Home		Long Term Care (NF)		Sub-Acute	

Medicaid/Medicare Beds	NO/or #	NO/or #
Medicaid		Medicare

Do you have any contracts with Managed Medicare Programs?	NO	YES	If so, who:
Have your lost any Managed Medicare contracts	NO	YES	If so, who:

HUD Type [mark 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"/> Section 8	<input type="checkbox"/> Old Section 236	<input type="checkbox"/> Section 221 – D3	<input type="checkbox"/> PRAC
<input type="checkbox"/> Old Section 202	<input type="checkbox"/> Old Section 811	<input type="checkbox"/> Section 221 – D4	

Community Services Offered: [please mark with "X" the services which are provided at your community]			
<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Home Health	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Service Coordination
<input type="checkbox"/> Alzheimer's Care	<input type="checkbox"/> Homemaker	<input type="checkbox"/> Personal Services	<input type="checkbox"/> Speech Therapy
<input type="checkbox"/> Audiology	<input type="checkbox"/> Hospice Care	<input type="checkbox"/> Pet Therapy	<input type="checkbox"/> Therapeutic Spa
<input type="checkbox"/> Counseling	<input type="checkbox"/> Information & Referral	<input type="checkbox"/> Psychiatric Services	<input type="checkbox"/> Transportation Escort
<input type="checkbox"/> Congregate Meals	<input type="checkbox"/> Massage Therapy/Spa	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Ventilator Care
<input type="checkbox"/> Dialysis	<input type="checkbox"/> Meals on Wheels	<input type="checkbox"/> Recreation Therapy	<input type="checkbox"/> Water Therapy
<input type="checkbox"/> Health Care Center	<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
Other [list]:			

Additional information			
Preferred Vendors			
Food/Dining Services			
Pharmacy			
Rehabilitation Services			
Other Vendors			

Staff Information: Please indicate those staff members you wish to receive LeadingAge NJDE information, publications, special event & educational notices. [Use additional sheet of paper if necessary]

DEPT / AREA	NAME	TITLE	EMAIL
Primary Contact			
Secondary Contact			
Activities Director			
Administrative Assistant			
Administrator			
Admissions			
Assistant Administrator			
Business Office / File Clerk			
Chaplain			
Chief Executive Officer			
Chief Financial Officer			
Director of Nursing			
Executive Director			
Finance [Accountant, Controller]			
Food Service/Dining			
Housekeeping			
Human Resources			
Information Technology			
Marketing			
Occupational Specialist			
Operations [COO, Director]			
Plant Operations / Facility Maintenance			
President [& CEO]			
Property Manager			
Resident Services Coordinator			
Social Services Director			
Vice President			
[Other]			

PLEASE SEND UPDATED INFORMATION TO: LeadingAge NJDE • 3705 Quakerbridge Road, Suite 102 • Hamilton, NJ 08619
 (609) 452-1161 (p) • (609) 452-2907 (f) • ebeck@leadingagenjde.org

DUES CALCULATION

Both LeadingAge NJDE & LeadingAge calculate membership dues using the organization's **Program Service Revenue**.

*LeadingAge NJDE dues are based on a Millage System (see Table 1); LeadingAge dues are based on a Banding System (see Table 2).

*New Member 1st year dues are 50% of calculated dues for both LeadingAge New Jersey & Delaware & LeadingAge [national]

**Joint Membership with LeadingAge National Required

Program Service Revenue is defined as:

The revenue an organization receives from aging services. It EXCLUDES unrelated items such as interest, realized and unrealized gains or losses, special events/activities, charitable contributions and any other services unrelated to the LeadingAge mission.

Program revenue activities are "primarily those that form the basis for an organization's exemption from tax", according to the IRS. Program service revenue is reported on Part I, Line 9 of the 990 form filed with the IRS, or may be identified in an organization's Medicaid cost report or year-end financial statement.

The program service revenue should come from the **IRS Form 990, Part I, Line 9** of the **most recently completed fiscal year**.

Table 1 – Millage Rate Calculation
LeadingAge NJDE

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

Table 2 – LeadingAge Due Bands Rate

LeadingAge Dues Bands		LeadingAge®
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		

PLEASE SEND COMPLETED APPLICATION TO:

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ebeck@leadingagenjde.org