

## OCID Membership Application

Name of ID/DD Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Name of President/Chief Executive: \_\_\_\_\_ Email: \_\_\_\_\_

If you operate ICF-IIDs (*additional facility information can be provided on separate sheet*):

Name of ICF-IID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Name of Administrator: \_\_\_\_\_ Email: \_\_\_\_\_

Other affiliated health care facilities: \_\_\_\_\_

This includes nursing facilities, assisted living, home health companies, etc.

Number of beds/clients (*please fill in all that apply*):

\_\_\_\_\_ ICF-IID beds  
\_\_\_\_\_ ID/DD Waiver Clients (*approx.*)

Ownership type (*please choose one*):

\_\_\_\_\_ Proprietary  
\_\_\_\_\_ Philanthropic  
\_\_\_\_\_ Government

### Annual Dues

Dues to belong to the Ohio Health Care Association (*OHCA*) and our DD services affiliate, the Ohio Centers for Intellectual Disabilities (*OCID*) are calculated on an annual basis. Membership dues will be billed annually unless otherwise requested.

Please indicate estimated 2018 Gross Revenue for all ICF-IID & Waiver services provided by the organization:

_____ Above \$10M	\$5,000	_____ \$5M - <\$10M	\$2,500
_____ \$2.5M - <\$5M	\$1,500	_____ \$1M - <\$2.5M	\$ 500
_____ <\$1M	\$ 250	_____ Independent Providers	\$ 50

*Please note that the OHCA Board has approved a plan to increase OCID dues 10% per year in each of the next 5 years beginning with 2019.*

### Terms of Membership

All facilities/services under common ownership or operational control as defined in the OHCA Code of Regulations must make application for membership in the Association. Membership will continue until such membership is terminated in writing by either facility or OHCA/OCAL/OCID. The facility agrees to abide by the Code of Regulations, Bylaws and the relevant Standards and Policies of the Association and may be terminated at any time, and through due process, for failing to meet said standards. By signing this application, applicant agrees to the terms and conditions set forth within.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*