OHCA OHIO HEALTH CARE ASSOCIATION
OCAL OHIO CENTERS FOR ASSISTED LIVING
OCID OHIO CENTERS FOR INTELLECTUAL DISABILITIES

55 Green Meadows Drive South
PO Box 447
Lewis Center, OH 43035
P: 614.436.4154 / F: 614.436.0939
www.ohca.org

Regular Membership Application

Name of Facility: _____

Address: _____

City: _____ County: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Name of Facility Administrator/Director: _____ Email: _____

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

_____ Nursing Home beds
_____ Assisted Living units
_____ Facilities for Intellectual Disabilities beds
_____ IDD Waver Service

Ownership type *(please choose one)*:

_____ Proprietary
_____ Philanthropic
_____ Government

Facility Ownership:

Name of Owner/Management Firm: _____

Address: _____

City: _____State: _____ Zip: _____Phone: _____

Name of President/Chief Executive: _____ _____

Other affiliated health care facilities: _____

Annual Dues

Dues to belong to the Ohio Health Care Association (OHCA) and/or our assisted living affiliate, the Ohio Centers for Assisted Living (OCAL) and/or our DD residential services affiliate, the Ohio Centers for Intellectual Disabilities (OCID) are calculated on an annual basis based on the number of licensed beds and/or units and will be billed quarterly unless otherwise requested. Membership into OHCA/OCAL/OCID includes participation in the American Health Care Association (AHCA) and their assisted living affiliate, the National Center for Assisted Living (NCAL). Annual dues to belong to the Association are as follows:

Assisted Living Dues:	$ 18.25 per unit
Facility for the Intellectual Disabilities Dues:	$ 43.60 per bed
IDD Waver Service Dues:	$500.00 annual dues
Nursing Facility Dues:	$ 59.60 per bed

Terms of Membership

All facilities 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