



9200 Worthington Road
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www.ohca.org

Assisted Living Membership Application

Name of Assisted Living Community: _____

Address: _____

City: _____ County: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Name of Administrator/Director: _____ Email: _____

Number of assisted living units/apartments: _____

Ownership type (*please choose one*):

- _____ Proprietary
- _____ Philanthropic
- _____ Government

Community Ownership:

Name of Owner/Management Firm: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name of President/Chief Executive: _____

Affiliated SNFs, ALCs, ICFs/IID or I/DD waiver providers: _____

Annual Dues

Dues to belong to the Ohio Health Care Association (OHCA) are calculated on an annual basis based on the number of assisted living units and will be billed quarterly unless otherwise requested. Membership in OHCA Assisted Living includes membership in the National Center for Assisted Living (NCAL). Annual dues to belong to the association are **\$18.55 per unit**.

Terms of Membership

In accordance with the OHCA Code of Regulations, which also applies to all facilities (assisted living communities, SNFs, ICFs/IID) and I/DD waiver providers under common ownership or operational control must be members of the association. Membership is based on approval by the OHCA Board of Directors.

By signing this application, the applicant certifies that they understand and accept these requirements.

Signature

Title