OHCA
OHIO HEALTH CARE ASSOCIATION

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

ID/DD 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*) for ID/DD providers are calculated on an annual basis. Membership dues will be billed annually unless otherwise requested.

Please indicate estimated 2019 Gross Revenue for all ICF-IID & Waiver services provided by the organization:

_____ Above $10M	$5,500	_____ $5M - <$10M	$2,750
_____ $2.5M - <$5M	$1,650	_____ $1M - <$2.5M	$ 550
_____ <$1M	$ 275	_____ Independent Providers	$ 55

Please note that the OHCA Board has approved a plan to increase ID/DD dues 10% per year in each of the next 4 years.

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. 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*