OHCA
OHIO HEALTH CARE ASSOCIATION

9200 Worthington Road
Suite 110
Westerville, OH 43082
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 services: ____
This includes nursing facilities, assisted living, home health or hospice services

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 can be billed monthly, quarterly or annually.

Please indicate estimated 2022 Gross Revenue for all ICF-IID & Waiver services provided by the organization:

_____ Above $10M	$8,052.55	_____ $5M - <$10M	$4,026.28
_____ $2.5M - <$5M	$2,415.77	_____ $1M - <$2.5M	$ 805.26
_____ <$1M	$ 402.63	_____ Independent Providers	$ 80.53

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*