

LeadingAge Wisconsin

Provider Membership

Who Is Eligible for Provider Membership?

Any organization recognized as an exempt entity under Section 501(c)(3) or 501(c)(4) of the Internal Revenue Code or owned and operated by a unit of government owning a facility primarily serving the elderly or developmentally disabled, such as a nursing home, community based residential facility or other living facility, shall be eligible for provider membership upon application.

When such an organization becomes a provider member, all related organizations/facilities in Wisconsin which share a common element on the administrative team shall be included in the same membership as long as such organizations/facilities meet the criteria set forth above.

For purposes of provider membership, “common element on the administrative team” is defined to mean an executive director, chief executive officer, administrator, or other comparable position.

Provider Membership Benefits

Provider members have full access to all programs and services provided by LeadingAge Wisconsin. Provider members are invited to participate fully in regional, network, and committee meetings. Provider members have voting rights at the LeadingAge Wisconsin annual business meeting, are eligible to serve on the LeadingAge Wisconsin Board of Directors, and are encouraged to help shape the policies and directions of the association.

LeadingAge™
Wisconsin
Better Services for Better Aging

**Provider Membership:
For Not-for-Profit
and Governmental
Long-Term Care Organizations**



Get Connected Nationally

LeadingAge Wisconsin makes it easy for aging service professionals to be connected throughout the state and across the nation. For this reason, when you join LeadingAge Wisconsin, you also are joining our national partner, LeadingAge.

Provider Membership Dues

The LeadingAge Wisconsin dues system is based on a modified tiered millage system tied to members' program service revenues. The millage system addresses the membership's increasingly diverse service mix and is consistent with the association's vision of greater long-term care services being provided throughout the continuum of care and service settings. This system automatically tracks changes in member programs/emphasis and better reflects the operations of member organizations and changes in their mission. In turn, the association will be positioned to change with the members and continue its impressive member services and advocacy activities.

Program service revenue is the revenue your organization receives from aging services including revenue from nursing care, assisted living, senior housing units, adult day care, home health care, transportation, outpatient services, therapies, meals on wheels hospice, and other community based services. Program revenues exclude interest, investments, realized gains or losses, special events and activities, contributions from foundations and other sources, and any other services unrelated to LeadingAge Wisconsin mission.

Program revenue activities are primarily those that form the basis for a not-for-profit organization's exemption from tax. Program service revenues are from line 2 of the most recent IRS 990 plus direct and indirect public support and government support reported on line 1d of IRS 990.



LeadingAge (National) Dues

The dues for LeadingAge (national) also are based on a millage system that is tied to your program service revenues.

Program Service Revenue Definition: Program service revenue from aging services would be (but not limited to) revenue from nursing care, assisted living, senior housing units, adult day care, home health care, transportation, outpatient services, meals on wheels, hospice, and community based services. It would exclude interest, investments, realized and unrealized gains or losses, special events and activities, contributions, and any other services unrelated to the mission of LeadingAge.

If you are interested in knowing what annual dues would be for your specific long-term care organization, please contact LeadingAge Wisconsin at info@LeadingAgeWI.org.



Application for Provider Membership

1) **Legal Name of Owning (Parent) Corporation:** _____

Type of Ownership: *(Check One)*

Religious Nonprofit Nonprofit Association Governmental Other

2) **Does the owning corporation have on file an Internal Revenue Service approved ruling of exemption?**
(If so, please check one) 501(c)(3) 501(c)(4) Governmental

3) **Owning Corporation's:**

Mailing Address: _____

City _____ **State** _____ **Zip** _____

Phone Number _____ **Website** _____

4) **Year Organization Was Founded:** _____ **County** _____

5) **990 Program Service Revenue \$** _____ **Fiscal Year** _____

6) **Primary Member Contact**

Name: _____

Title: _____

Email: _____

Name, title, and email of other key personnel/decision makers (e.g., CFO, COO, Director of Nursing, etc.):

Name _____ **Title** _____ **Email** _____

Name _____ **Title** _____ **Email** _____

Name _____ **Title** _____ **Email** _____

Name _____ **Title** _____ **Email** _____

Name _____ **Title** _____ **Email** _____

7) **Reasons for Joining (check all that apply)**

Support for Non-profit Sector

Advocacy and Public Relations Support

Policy and Regulatory Guidance

Education Opportunities

Information/Trends

Networking/Community Building

Technology Assistance

Group Purchasing Savings

Referred by Another Member

Other _____

8) Facilities

When an organization becomes a provider member of LeadingAge Wisconsin, all related organizations/facilities in Wisconsin which share a common element on the administrative team are included in the same membership as long as these organizations/facilities meet the criteria for provider membership. For purposes of provider membership, “common element on the administrative team” is defined to mean an executive director, chief executive officer, administrator, or other comparable position.

Please indicate which of the following are encompassed under the umbrella of the owning corporation applying for LeadingAge Wisconsin provider membership (as defined above) (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Skilled Nursing Facility | How Many Skilled Nursing Facilities _____ |
| <input type="checkbox"/> ICF-MR | How Many Facilities for the Developmentally Disabled _____ |
| <input type="checkbox"/> RCAC (Registered) | How Many Registered RCACs _____ |
| <input type="checkbox"/> RCAC (Certified) | How Many Certified RCACs _____ |
| <input type="checkbox"/> CBRF | How Many CBRFs _____ |
| <input type="checkbox"/> Adult Family Home | How Many Adult Family Homes _____ |
| <input type="checkbox"/> Senior housing Facility | How Many Senior housing Facilities _____ |
| <input type="checkbox"/> HUD 202 (Elderly) | How Many HUD 202 Facilities _____ |
| <input type="checkbox"/> HUD 811 (Disabled) | How Many HUD 811 Facilities _____ |
| <input type="checkbox"/> Senior Housing Utilizing IRC Section 42
Low-Income Housing Tax Credits | How Many Facilities Utilizing Section 42
Low-Income Housing Tax Credits _____ |

9) Facility Details

Please attach a separate sheet listing all facilities/organizations (as checked above) which share a common element on the administrative team. Please provide the following information for each facility you list:

- Name of Facility
- Type of Facility
- License/Registration/Certification Number (if applicable)
- Licensed/Unlicensed Capacity
- Street Address
- City
- State
- Zip
- County
- Telephone Number
- Fax Number
- Administrator/Executive Director/Housing Manager Name, Title, and Email Address
- Other Key Contacts (Name, Title, and Email Address)
- Website Address
- Wisconsin State Senate District and State Assembly District

10) Community Service Programs Offered: *(Check All That Apply)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Housing Services | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Child Day Care | <input type="checkbox"/> Life Enrichment/Lifelong Learning | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Counseling/Referral | <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Supportive/Personal Care |
| <input type="checkbox"/> Dementia Support | <input type="checkbox"/> Meals/Nutrition | <input type="checkbox"/> Telephone Reassurance/Elder Response |
| <input type="checkbox"/> Home Care/Home Share (Unlicensed) | <input type="checkbox"/> Neurological/Developmentally Disabled Services | <input type="checkbox"/> Therapeutic Care |
| <input type="checkbox"/> Home Health Agency (Licensed) | <input type="checkbox"/> Parish Nurse Program | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Home Maintenance | <input type="checkbox"/> Pastoral Care | <input type="checkbox"/> Volunteer Programs |
| <input type="checkbox"/> Home Monitoring | <input type="checkbox"/> Rehabilitation Services | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hospice | | _____ |

11) I certify that the information provided above and in all attachments is true and correct to the best of my knowledge.

Signed: _____
Officer of Organization's Governing Board

Date: _____

Signed: _____
CEO/Administrator

Date: _____

Please return your completed application to the LeadingAge Wisconsin office at 204 S Hamilton St, Madison, WI 53703 or info@LeadingAgeWI.org.