Home Care Aide Council
Setting Industry Standards Since 1967

AGENCY MEMBERSHIP
2019 Renewal Application Form

Agency Name: **Phone:**

Street Address: **Fax:**

City: **State:** **Zip:**

Contact Name: **Title:**

Contact Email address:

Agency Website: **Year Established:**

Agency Membership dues are based on your 2018 home care aide payroll per the following schedule (**Please check the Dues Tier that applies to your agency**):

	Tier	Home Care Aide Payroll	Agency Membership Dues
☐	1	Less than $500,000	$750
☐	2	$500,000 - $999,999	$1,500
☐	3	$1,000,000 - $1,999,999	$2,000
☐	4	$2,000,000 - $2,999,999	$2,500
☐	5	$3,000,000 - $4,999,999	$3,000
☐	6	$5,000,000 - $6,999,999	$5,000
☐	7	$7,000,000 or over	$7,000

Please indicate your corporate-wide 2017 Home Care Aide wages $_____
(Agencies choosing not to submit payroll data will be charged dues of $7,000)

I confirm that the information completed above is complete and accurate. I understand that my company's membership dues are not refundable and dues payment must be paid in full within six (6) months from the date listed below. In the event that my company should be sold or merged with another firm, I understand my firm is still responsible for the remaining balance of its membership dues.

_____ _____
Authorized Signature Date

Please note that 9.4% of your 2019 Annual dues are not tax deductible because they are associated with lobbying activities.

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PAYMENT INFORMATION

☐ Dues Enclosed: Amount Paid: $_____

☐ Please Bill Me:

☐ One Payment

☐ Two Payments (**This Payment Option is Available for Tier 3-7 only**)

Checks can be made payable to: Home Care Aide Council

To pay by credit card (VISA, MasterCard, American Express only), please complete the information below.

Card Number _____

Exp. Date ____/_____ (Month/Year)

VISA/MasterCard 3-digit code on reverse _____ American Express 4-digit code on front _____

Cardholder's Name _____

Billing Address _____

City _____ State _____ Zip _____

Signature of Cardholder_____

Please return this form and payment to the Council office by mail at the address below or email to layala@hcacouncil.org or by fax to (781) 209-5977.

Home Care Aide Council
46 Farwell Street, 2nd Floor
Newton, MA 02460

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QUESTIONNAIRE FOR LISTING IN THE COUNCIL'S 2019 MEMBER DIRECTORY

The listing of all Council Agency members is now available on our website www.hcacouncil.org. Please review the information below which is contained in your current Directory listing. If you need to make any changes to your listing, please correct below and return to the Council. Or, you may now also log into the "Member's Only" portal of our website to make these corrections. **If your agency has branch offices that are fully staffed, please duplicate the form and fill out for each branch office**.

☐ The below information is correct.

Signature: _____ Date: _____

Agency Name:

Address: **City:** **State:** MA **Zip:**

Telephone: **Fax:** **Website:**

Please check all that apply:

	Certified Agency
	EOEA Contract Agency
	MRC Contract Agency
	JCAHO Accredited
	CHAP Accredited
	Private Pay Services Available

Please check all that apply:

Is your agency affiliated with a certified agency?
Is your agency affiliated with a hospital?
Is your agency a franchise?

If your agency is part of an "umbrella" agency, please list your affiliate agencies in Massachusetts:

Type of services available through your agency (Please check all that apply):

24/7	Evening	Hospice/ End-of-Life	Personal Care Homemaker
Case Management	Hands-on Non-Skilled	Live-Ins	Supportive Home Care Aide
Child/Maternity Care	Holiday	Medication Reminders	Transportation
Chore	Home Health Aide	Nursing	Weekend
Companion	Homemaker	Overnight	Other, please specify

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Cities/Towns served:

City/Town 1:	City/Town 16:
City/Town 2:	City/Town 17:
City/Town 3:	City/Town 18:
City/Town 4:	City/Town 19:
City/Town 5:	City/Town 20:
City/Town 6:	City/Town 21:
City/Town 7:	City/Town 22:
City/Town 8:	City/Town 23:
City/Town 9:	City/Town 24:
City/Town 10:	City/Town 25:
City/Town 11:	City/Town 26:
City/Town 12:	City/Town 27:
City/Town 13:	City/Town 28:
City/Town 14:	City/Town 29:
City/Town 15:	City/Town 30:

Additional Cities/Towns: _____

_____

Counties served (Please check all that apply):

Barnstable:	Franklin:	Norfolk:
Berkshire:	Hampden:	Plymouth:
Bristol:	Hampshire:	Suffolk:
Dukes:	Middlesex:	Worcester:
Essex:	Nantucket:	

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OR BY EMAIL TO **layala@hcacouncil.org**