



**Kentucky Association
of Adult Day Centers**

Membership Application
October 1, 2019 – September 30, 2020

When Completed Please Return, Along with Fees Payment, To:

KAAD
C/O American Health Management
P.O. Box 572
Richmond, KY 40476

APPLICANT INFORMATION (Please type or print clearly)

Facility Name _____

Facility Physical Address _____

City _____ State _____ Zip Code _____ County _____

Facility Telephone (_____) _____ Facility Fax:(_____) _____

Facility E-mail _____ Facility Web-site Address _____

Licensee (as shown on facility license) _____

CONTACT INFORMATION

Contact First Name _____ Middle Init. _____ Last _____

Contact Title _____ Executive Director/CEO Level? OYes ONo

Contact Mailing Address _____

City _____ State _____ Zip Code _____

Contact E-mail _____ Contact Telephone (_____) _____ Ext. _____

Contact Fax (_____) _____

FACILITY INFORMATION (For Providers Only)

Legal Structure (check only one)	How Did You First Learn About KAAD (check only one)
<input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> For-Profit Corporation (circle structure): LLC (Limited Liability Company) OR Proprietorship OR Partnership OR Joint Venture OR Other: _____	<input type="checkbox"/> KAAD Office/Staff sent information (mail/fax/email) <input type="checkbox"/> KAAD Web Site <input type="checkbox"/> KY Department of Aging Office/Staff <input type="checkbox"/> KY Department of Social Services Office/Staff <input type="checkbox"/> Referred By: _____ Person and organization who referred you

Membership Information

Please indicate the membership category for which Applicant qualifies. (See Membership Categories and Dues Schedule or contact KAAD for assistance at (859) 623-4080)

Provisional / Licensed Provider Member

Check all Program Types that apply from the list below:

- ADC (Adult Day Care)
- ADCRC (Alzheimer's Day Care Resource Center)
- ADSC (Adult Day Support Center)
- ADHC (Adult Day Health Care)

Select the appropriate classification below (Provisional or Licensed) and provide required information:

- Provisional Provider**

Date License Submitted: _____

Month and Year Licensing Anticipated: _____

- Licensed Provider**

Do you operate multiple centers? Yes No *If Yes, a separate application for each center must be completed.*

ADHC Licensed: _____ Capacity: _____ ADC Licensed: _____ Capacity: _____
Date Date

FY Ends: _____ Revenue \$ _____ Dues \$ _____
Month & Year

Associate Member (Describe product/service/mission, then select ONE of the following classifications)

Description: _____

Please check one of the following:

Vendor Business offering products/services to the adult day services industry.

Consultant Business offering start-up or operational consulting services to adult day service providers but that does not directly provide adult day services.

Allied Organization Health or Social Services organization not operating an adult day services program and not in the process of licensure. Examples: Nursing home, hospital, residential care facility for the elderly, board and care, physician practice, managed care, intermediate care facility, home health agency, etc.

Out-of-State Provider Adult day services provider located out-of-state with no adult day services operations in Kentucky.

Governmental/Non Adult Day Services Entity Community based long-term care organizations, association, or network not directly providing adult day services. Examples: Area Agency on Aging, governmental department/agency, educational institution, planning council, etc.

Individual Member

- An applicant may qualify under this category when he/she directly provides adult day services and each center is currently a member.

I certify that the contents of this application are accurate and complete and will advise the association of significant changes in operations, ownership, or material changes to the membership information. I agree to abide in the Bylaws, and policies of the association including decisions of the Membership committee and other duly constituted KAAD Committees. I agree that membership may be terminated immediately if application contains false or misleading statements.

Signature of Authorized Officer or Agent _____ Title _____

Print or Type Name and Title _____ Date _____

Membership Categories and Dues Schedule

KAAD membership is open to all interested individuals and groups in Kentucky who wish to affiliate with the association and who supports the purpose and policies of the Association upon approval of the Membership Committee. Membership categories include: Center, Individual, Honorary, Provisional, and Associate. The following is a description of these membership categories and related dues.

Center (Voting) – Dues are based on Actual Gross Revenue for most recent Fiscal Year Ended

The applicant shall be a legally constituted entity that operates at least one licensed adult day services program and whose primary purpose is to provide quality adult day services. Those who have been operating less than a year should base Dues on Gross Revenues To-Date. There are two Group Membership Options:

1. **Combined Adult Day Revenue Method:** Dues rate is based on total of combined gross revenue of all centers in the group. - *entitles organization to one vote.*
2. **Separate Adult Day Revenue Method:** Dues rate is based on separate gross revenue for each and every center. – *entitles each center to one vote.*

Actual Gross Revenues	Dues Amount	Actual Gross Revenues	Dues Amount
\$ 1 - 199,000	\$ 200	\$ 800,000 - 899,000	\$ 1010
\$ 200,000 - 299,000	\$ 295	\$ 900,000 - 999,000	\$ 1100
\$ 300,000 - 399,000	\$ 350	\$ 1 M - 1.49 M	\$ 1575
\$ 400,000 - 499,000	\$ 635	\$ 1.5 M - 1.99 M	\$ 2045
\$ 500,000 - 599,000	\$ 725	\$ 2.0 M - 2.49 M	\$ 2500
\$ 600,000 - 699,000	\$ 820	\$ 2.5 M - 2.99 M	\$ 2925
\$ 700,000 - 799,000	\$ 915	\$ 3.0 M - 3.49 M	\$ 3325
		\$ 3.5 M +	\$ 3500

Individual (Voting) - \$295

An applicant interested in Adult Day that directly provides adult day services may become an individual member. However, those individuals who are an employee or a principle of an organization qualifying as a center, associate, or provisional member, shall not be accepted as an individual member unless the employing agency is a current member in the appropriate member class.

Provisional (Non-Voting) - \$180

A non-licensed facility in process of licensure within Kentucky, which is not scheduled to be licensed within 90 days, may qualify to become a Provisional Member. Membership may be granted for two years or until licensure, whichever is sooner.

Associate (Non-Voting) – Dues based on Association Classification

Vendor or Consultant – Dues: \$525

Vendor- Individual or business which provides products/services to the Adult Day Care Industry.
 Consultant- Individual or consulting firm offering consulting services to adult day services providers.
 Members at this level do not directly provide adult day services.

Allied Organization- Dues: \$200

Health or Social Services organization not operating an adult day services program and not in the process of licensure. Examples: Nursing home, hospital, home health agency, etc.

Out-of-State Provider- Dues: \$290

Governmental or Non-Profit Organization- Dues: \$185

Community based long-term care organization, association, or network not directly providing adult day services. Examples: Educational institution, planning council, Area Agency on Aging, etc.