

# PA PROVIDERS COALITION ASSOCIATION

## Membership Application and Annual Data Survey

<b>Agency Name</b>			
<b>Street Address</b>			
<b>City/State/Zip code</b>			
<b>Web Site Address</b>		<b>E-mail</b>	
<b>Telephone</b>			
<b>Fax</b>			

<i>Please indicate if your agency/organization meets the following criteria:</i>		Yes	No
1.	Agency is an incorporated Pennsylvania organization.		
2.	Agency has a direct relationship and is an enrolled provider in good standing with the offices of the Commonwealth of Pennsylvania who provide services to seniors and people with disabilities receiving Home and Community Based Services (HCBS) in Pennsylvania		
3.	Agency is an HCBS Prime Contractor or Grantee, <b>and/or</b>		
4.	Agency is an enrolled Medicaid provider for at least one HCBS waiver.		
5.	Agency is licensed as a Home Care Agency and/or Registry by the Department of Health.		
	<b><i>For consumer-employer Fiscal Management Services:</i></b>		
6.	Organization is a Fiscal Employer Agent (F/EA) with a separate Federal EIN for F/EA duties, <b>or</b>		
7.	Organization provides F/EA services through a subcontractor who has a separate Federal EIN for F/EA duties, <b>or</b>		
8.	Organization does <b>not</b> provide <b>any</b> consumer-employer model services		
	<b><i>For Associate/Nonvoting membership:</i></b>		
9.	Organization is not a provider of Home & Community Based Services.		
10.	Agency is an advocacy organization (for associate/nonvoting membership application only)		

## Data/Survey information

*(to be used for dues assessment and association statistical information)*

Home and Community Based Services your agency currently Provides: Please fill in the number of 'active' unduplicated consumers you are serving as of November 30, 2011 in Office of Long Term Living and/or PA Department of Aging Programs (do not include services where you are the subcontractor).
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*Types of Home and Community Based Services include Direct Care (Agency Model Consumers), Supports Coordination and Fiscal Management Services.*

*Waiver and Program Types include Attendant Care Act 150; Attendant Care Waiver; OBRA; Independence Waiver; CommCare Waiver; PA Dept of Aging Waiver; AAA Options/PC/HM; Aids Waiver, and any other OLTL or PDA HCBS Programs.*

TOTAL Number of Unduplicated Consumers your provider agency serves: \_\_\_\_\_

*There are three standing committees and two ad hoc committees in the PA PCA.  
Please select a designee to represent your organization on each of the following:*

**Finance Committee Member**

Name:			
Title:			
Business Address/zip:			
Telephone:		E-mail	

**Program Committee Member**

Name:			
Title:			
Business Address/zip:			
Telephone:		E-mail	

**Policy Committee Member**

Name:			
Title:			
Business Address/zip:			
Telephone:		E-mail	

**IT Committee Member (ad hoc committee)**

Name:			
Title:			
Business Address/zip:			
Telephone:		E-mail	

**Resource & Development Member (ad hoc committee)**

Name:			
Title:			
Business Address/zip:			
Telephone:		E-mail	

### **“Voting” Member/Designee**

Name:			
Title:			
Business Address/zip:			
Telephone:		E-mail	

### **Alternate voting member and additional contact:**

Name and Title:			
Telephone:		E-mail	

### **Billing contact:**

Name and Title:			
Telephone:		E-mail	

Name, title of President/CEO/ED of organization			
Name and Title:			
Telephone:		E-mail:	

I understand this information will be used to determine compliance with the Mission Statement for membership in the PA Providers Coalition Association and will be used in determining dues categories based on agency size. I assure that I have been designated to complete this form and the information submitted above is accurate.

Name, title and signature of person authorized to submit the application and survey data:			
Name and Title:			
Telephone:		E-mail:	
Signature:		Date:	