

New York Association of Homes & Services for the Aging
Membership Application

Membership dues will be billed for the following facility under a joint membership plan of the New York Association of Homes & Services for the Aging (NYAHSA) and the American Association of Homes and Services for the Aging (AAHSA) unless otherwise noted.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

GENERAL INFORMATION

Facility Name: _____

Chief Executive Officer: _____

Administrator/Director: _____

Address: _____

City/State/Zip: _____ County: _____

Phone: _____ Fax: _____ E-mail: _____

Facility Web Address: _____ May we send you correspondence by e-mail? Yes No

Operating Certificate Number: _____ PFI Number: _____

Current Certified Capacity: _____ NF Beds: _____ ACF Beds: _____

NF Beds Under Construction: _____ ACF Beds Under Construction: _____

If beds are under construction, estimate the date of operation: _____

Type of Sponsorship (*please check all that apply*): Are you an Assisted Living Program (ALP)? Yes No

Religious Private Foundation Community

Governmental Fraternal Union Other (please specify):

Name of Sponsor: _____

Have you ever been a member of NYAHSA? Yes No

MEMBERSHIP RATES

Membership dues are calculated by adding two separate totals – the NYAHSA flat rate and the AAHSA millage rate – for a total dues figure. *Although calculated differently, both parts factor into the total and must be paid collectively. You cannot opt out of either section.* The following worksheet will walk you through the calculation process. Required information is marked with an asterisk. If you have any questions about either dues portion, please contact NYAHSA at (518) 449-2707 for assistance.

For current rate information, please call NYAHSA at 518.449.2707

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BILLING

- Please bill me for the full year's dues Please bill me quarterly

Applicants, please enclose a copy of your Exempt Organization Certificate (ST-119.1) as required by New York state law. I understand that this payment entitles this facility to membership in NYAHSA and AAHSA and the full privileges and services of both associations.

Application submitted by: _____

Name _____

Title _____ Date _____

We, the undersigned, certify that the applying facility is in compliance with the membership standards of the New York Association of Homes & Services for the Aging.

Date _____

Board Chair or Delegate _____

Chief Executive Officer _____

In addition, please be advised that membership is terminated ONLY by sending a letter requesting termination of benefits to the attention of NYAHSA's accounting department. Non-payment of dues does not constitute a notification of termination. Any dues or other expenses incurred prior to receipt of the letter requesting termination of benefits will be the responsibility of the member. Your signature indicates that you understand and agree to NYAHSA's notification of termination policy.

Signed: _____

Please mail your application and a copy of your tax exempt certificate to: Membership Committee, NYAHSA, 150 State St., Suite 301, Albany, NY, 12207-1698. Upon approval by the committee, all services will commence immediately and you will receive your initial invoice. **Please do not send a check with this application.**

American Association of Homes and Services for the Aging
New York Association of Homes and Services for the Aging

Criteria for Membership

Each member facility is urged to comply voluntarily. Beginning in 1980, membership in AAHSA will be predicated upon a facility's certifying that it is in compliance. The following elements are listed as standards against which any agency can be judged as to the appropriateness of its membership in AAHSA and NYAHSAs.

1. The member facility shall have an identifiable controlling entity, which has the following characteristics:
 - a. Not-for-profit corporation or trust,
 - b. Charitable intent and purpose,
 - c. Eligible for 501(c)(3), 501(c)(4), 501(c)(6),
 - d. May be either public, charity or private foundation.
2. The member must be governed by a bona fide volunteer board of trustees (board of directors) which regularly participates in review of its philosophy and purpose and which is fiscally and programmatically accountable and responsible to the person served, to the sponsoring group and the broader community.
3. A procedure for identifying and dealing with cases of duality or possible conflict of interest be stated preferably in the bylaws of the organization.
4. Sponsorship of the member facility is rooted in a community, i.e., a neighborhood group, minority group, ethnic group, church, religious, and/or fraternal organization.
5. The member is committed to the development of community linkages and services, both for the well being of the person served, as well as that of the larger community and should assure continuity of care either within the home or elsewhere through conscientious planning.
6. The member facility shall have a non-discriminatory policy indicating that no person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in its program for services because of race, color or national origin.
7. The member is licensed according to the levels of care it purports to provide within the context of local requirements.

Compliance:

1. Each member will certify that it accepts the standards and is in compliance at time of renewal of its annual dues.
 - a. New members will certify by means of a resolution of their board.
 - b. The administrative officer and chief executive officer of the board will certify at the time of renewal.
2. Compliance will be assumed until a complaint has been filed.
3. The policy and procedures of compliance as outlined will be policed only by exception.