



**Utah Association for Home Care**  
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 Website: [www.ua4hc.org](http://www.ua4hc.org)

# 2010 Membership Application & Organizational Profile

- New  NAHC Member  
 Renewal  UHPCO Member

## ORGANIZATION DATA

Agency Name \_\_\_\_\_  
 Number of Utah Branches \_\_\_\_\_  Main  Branch  
*(complete multiple office form to provide branch information)*  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Office Phone (\_\_\_\_) \_\_\_\_\_  
 Toll Free No. (\_\_\_\_) \_\_\_\_\_  
 Fax (\_\_\_\_) \_\_\_\_\_  
 Website \_\_\_\_\_

## SERVICE AREA *(please mark counties served by office location)*

- |                                    |                                    |                                     |
|------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Beaver    | <input type="checkbox"/> Iron      | <input type="checkbox"/> Sevier     |
| <input type="checkbox"/> Box Elder | <input type="checkbox"/> Juab      | <input type="checkbox"/> Summit     |
| <input type="checkbox"/> Cache     | <input type="checkbox"/> Kane      | <input type="checkbox"/> Tooele     |
| <input type="checkbox"/> Carbon    | <input type="checkbox"/> Millard   | <input type="checkbox"/> Uintah     |
| <input type="checkbox"/> Daggett   | <input type="checkbox"/> Morgan    | <input type="checkbox"/> Utah       |
| <input type="checkbox"/> Davis     | <input type="checkbox"/> Piute     | <input type="checkbox"/> Wasatch    |
| <input type="checkbox"/> Duchesne  | <input type="checkbox"/> Rich      | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Emery     | <input type="checkbox"/> Salt Lake | <input type="checkbox"/> Wayne      |
| <input type="checkbox"/> Garfield  | <input type="checkbox"/> San Juan  | <input type="checkbox"/> Weber      |
| <input type="checkbox"/> Grand     | <input type="checkbox"/> Sanpete   |                                     |
- All Counties  Outside Utah

## CONTACT DATA *(Persons to receive UAHC information)*

Administrator/Manager/Owner/CEO *(Full Name & Title)* \_\_\_\_\_

E-mail Address \_\_\_\_\_

Clinical Director/Director of Nursing *(Full Name & Title)* \_\_\_\_\_

E-mail Address \_\_\_\_\_

**NOTE:** Please notify UAHC immediately of any changes in leadership. One of these two individuals may be designated as the UAHC Voting Representative for elections and other matters. Please indicate below who will represent your agency:

UAHC Voting Representative \_\_\_\_\_

UAHC Alternate Voting Representative \_\_\_\_\_

Other Contact *(Full Name & Title)* \_\_\_\_\_

E-mail Address \_\_\_\_\_

Other Contact *(Full Name & Title)* \_\_\_\_\_

E-mail Address \_\_\_\_\_

## ORGANIZATION OWNERSHIP / TYPE

*Please check all that apply*

- Private for-Profit Agency  
 Non-for-Profit Agency  
 Free Standing Agency  
 Hospital-Based Agency  
 Government Agency  
 IV Therapy Agency  
 Home Medical Equipment Supplier  
 Visiting Nurses Association

## CERTIFICATION / ACCREDITATION

- CHAP  JCAHO  HME  
 State Licensed, Personal Care  
 State Licensed, Hospice  
 State Licensed, Nursing  
 State Licensed, Pharmacy  
 Medicare  
 Medicaid  
 ACHC (Accreditation Commission for Home Care)

## UAHC MEMBERSHIP DUES & RATES

*Check all that apply and enter amount in Total Due*

### Home Health Agency

- New Agency (licensed after 06/2009)..... \$200.00  
 Small Agency (1 or 2 branches)..... \$450.00  
 Rural Agency ..... \$450.00  
 Large Agency (3 or more branches)..... \$900.00  
 Large Agency (\$3m annual revenue)..... \$900.00

### Personal Care Agency

- Personal Care Agency..... \$150.00

### Associate or Individual Member

- Associate Member\*..... \$150.00  
 Individual Member\*\* ..... \$150.00

\* Associate memberships for agencies in allied industries.  
 \*\* Individual membership - must be employed by Provider member.

**TOTAL DUE \$** \_\_\_\_\_

## PAYMENT METHOD

*Please send completed form with appropriate fees.*

- Check Enclosed - *check made payable to UAHC*  
 Check in Mail  
 Credit Card Payment – *3% processing fee added*  
 American Express  
 Discover Card  
 MasterCard Exp Date \_\_\_\_\_ / \_\_\_\_\_  
 Visa Zip Code \_\_\_\_\_

Card No. \_\_\_\_\_

Name on Card \_\_\_\_\_

Authorized Signature \_\_\_\_\_