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**Illinois Adult Day Services Association**

**Membership Application Form**

**Revised 2017**

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_

Center Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make check payable to:

**Illinois Adult Day Service Association**

**PO Box 10401**

**Peoria, IL 61612**

**iadsainfo@gmail.com**

**ADS Facility Membership...$275** (Add $30.00 per location for each satellite site).

**Individual Membership…$175** (individuals not affiliated with an operational adult day service center).

Please take a few minutes to complete the following information about your center. This information will be used to create a consolidated profile of Adult Day Service in Illinois. The demographics provided will be used as the Association advocates with the State, the Department on Aging, NADSA or other entities on our behalf.

* How long has your center been in operation?

\_\_\_\_ Still in the planning stages

\_\_\_\_ Less than one year

\_\_\_\_ 1-5 years

\_\_\_\_ More than 5 years

\_\_\_\_ More that 10 years

* Is your center operated by a parent corporation? \_\_\_\_Yes \_\_\_\_No
* Does your parent corporation operate more than one adult day service center? \_\_\_\_No \_\_\_\_\_ Total Number of ADS Centers
* What is your daily rate (average if you have multiple rates) for private pay clients? \_\_\_\_\_\_\_\_\_
* What is your unit cost? (Total annual operating cost divided by number of client days provided annually) \_\_\_\_\_\_\_\_\_\_\_
  + **Example:**$340,000 annual operating expenses for ADS

                250 days of operation X 25 clients per day = 6250 units per year

* **UNIT COST = $54.40**
* Does this unit cost include rent? \_\_\_\_Yes \_\_\_\_No
* Does your center currently have contracts with the following reimbursement sources?
  + **IDOA** \_\_yes \_\_\_no
  + **Veteran’s Admin** \_\_\_yes \_\_\_no
  + **DORS** \_\_\_yes \_\_\_no
  + **USDA** \_\_\_yes \_\_no
* During the most recent completed fiscal year did your center

\_\_\_\_\_Break Even \_\_\_\_\_Experience a loss

* During the most recent completed fiscal year was your center filled to capacity? \_\_Yes \_\_\_No
* What is your capacity? \_\_\_\_\_\_
* What is your average daily attendance? \_\_\_\_\_\_\_\_
* Have members of your staff attended IADSA sponsored trainings? \_\_\_\_Yes \_\_\_\_No
* Would you be willing/able to serve on IADSA committees or projects \_\_\_Yes \_\_\_No \_\_\_\_Only if work is local \_\_\_Occasionally

**FOR ASSOCIATION USE ONLY:**

**Date application/dues received \_\_\_\_\_\_\_\_\_ Amt received \_\_\_\_\_\_**

**Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_**