MEMBERSHIP FORM

2027 Provider Membership Application

Provider Members are home health, hospice, or in-home service provider agencies that deliver home care and supportive services in the home.

CONTACT INFORMATION* (please print clearly)

Agency Name :

Primary Contact : Email :

Mailing Address :

City : State : Zip :

Physical Address (if different) :

City : State : Zip :

Phone : Fax :

*The information provided will be listed in the printed membership directory and displayed in the online Find A Provider search

Additional Contacts

Add staff to our database to receive all mailings, access to member's only sections of the OAHC website, and announcements on OAHC educational offerings.

Full Name : Title :

Email : Add to Listserv

Full Name : Title :

Email : Add to Listserv

Full Name : Title :

Email : Add to Listserv

Full Name : Title :

Email : Add to Listserv

Full Name : Title :

Email : Add to Listserv

By filling out and submitting this form you agree and understand that by providing your mailing address, email address, telephone number, and fax number, you consent to receive communications via regular mail, email, telephone, and/or fax sent by or on behalf of the Oregon Association for Home Care (OAHC)

Next Page: Dues Calculation

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ANNUAL DUES CALCULATION

Provider dues are calculated based on total gross revenues from the previous fiscal year. Do not combine revenues from locations with a different provider number. Different provider numbers with the same type of service(s) require a separate provider membership.

Total Gross Revenue

Please provide the following information for each type of service your agency provides to calculate your total gross revenues. Provider Number and Revenue are required.

☐ Home Health Provider Number : _____ Total Revenue : _____

☐ Hospice Provider Number : _____ Total Revenue : _____

☐ In-Home Provider Number : _____ Total Revenue : _____

Total Gross Revenues : $ _____

Provider Level	Total Gross Revenues	Annual Dues
1	0-499,999	$773.80
2	500,000-999,999	$1,611.20
3	1,000,000-1,499,999	$2,512.20
4	1,500,000-1,999,999	$3,482.10
5	2,000,000-2,499,999	$3,917.76
6	2,500,000-2,999,999	$4,383.10
7	3,000,000-3,499,999	$4,876.00
8	3,500,000-3,999,999	$5,398.58
9	4,000,000-4,499,999	$5,949.78
10	4,500,000-4,999,999	$6,534.90
11	5,000,000-7,499,999	$7,151.82
12	7,500,000- Up	$7,803.72

Using the total gross revenues calculated above, find the appropriate dues level from the table on the left.

2027 Dues : $ _____

Corporate Discount*

*Any corporate member with three (3) or more provider agencies, and those agencies have applied for membership in 2027, may qualify for the corporate discount. If you qualify for this discount, please fill out the form below to calculate your adjusted 2027 Dues. Gross revenues up to $5 million receive a 20% discount and gross revenues greater than $5 million receive a 10% discount.

Please list the agencies that qualify you for the corporate discount:

Agency Name : _____ Location : _____

Agency Name : _____ Location : _____

Agency Name : _____ Location : _____

☐ Gross Revenues less than $5 million:
Dues before discount $ _____ x .80 = Adjusted 2027 Dues : $ _____

☐ Gross Revenues greater than $5 million :
Dues before discount $ _____ x .90 = Adjusted 2027 Dues : $ _____

Your association dues are not deductible as a charitable contribution for federal income tax purposes. The 1994 Federal Reserve Reconciliation Act requires that only dues payments not associated with lobbying/advocacy issued in 2027 may only deduct 80% as an ordinary and necessary business expense. For specific guidelines members are directed to consult their accountant.

Next Page: Dues Payment

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DUES PAYMENT

Please note that in order for your membership application to be processed, all contact information, dues calculations and demographic information must be provided.

Total Dues Amount: $

(Please include additional site listings in total, if applicable)

☐ Check (make payable to OAHC and mail to: PO Box 7245, Salem, OR 97303) ☐ Visa ☐ MasterCard

Name on Card:

Card Number:

Expiration: CVV:

For payments over the phone, please contact Brandy Sweet at (503) 364-2733 or bsweet@oahc.org

Your association dues are not deductible as a charitable contribution for federal income tax purposes. The 1994 Federal Reserve Reconciliation Act requires that only dues payments not associated with lobbying/advocacy issued in 2027 may only deduct 80% as an ordinary and necessary business expense. For specific guidelines members are directed to consult their accountant.

Next Page: Agency Demographic Survey & Special Offers

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AGENCY DEMOGRAPHIC SURVEY

All information is required. Mark all that apply.

Is your agency: Hospital Based Free Standing For Profit Not for Profit

Total Number of Employees: Average Daily Census:

Total Miles Driven (most recent FY): Total Visits (most recent FY):

Is your agency Medicare certified? Yes No Licensed only? Yes No

Yes, I provide services to clients in another state. Please list state(s):

Are you on social media? List your pages here so we can follow you:

Do you belong to: National Alliance for Care at Home OHPCA (Oregon Hospice & Palliative Care Association) Other (please list):

What counties in Oregon do you serve?

What cities in Oregon do you serve?

Certification / Accreditation: Medicare Home Health Medicare Hospice JCAHO CHAP OHA ACHC Other:

Home Health Services: Medical Social Worker Physical Therapy Occupational Therapy Speech Therapy Skilled Nursing Home Health Aide

In-Home Services: CNA/HHA LPN RN Companion Live-In Skilled Nursing Licensed by the State of Oregon Other:

Hospice Services: Bereavement Program Hospice Aide Medical Social Worker Occupational Therapy Pastoral Care Physical Therapy Respite Care Skilled Nursing Speech Therapy

Palliative Care: Please provide the name of the associations you're connected with

Infusion Services: Infusion Prescription

SPECIAL OFFERS!

1st Time Provider Member?
Agencies who have not previously been OAHC members may have dues prorated on a quarterly basis for the first year only. **New members** receive a complimentary attendance to the Annual Conference (a $400 value).

Refer An Agency!
Get **10% off** your 2026 dues by recruiting a non-member agency to join OAHC. If a new agency uses your agency as a reference, OAHC will refund your agency 10% off your total dues. List the agency that referred you: _____