

# Missouri Adult Day Services Association

## 2012 Membership Application

Dues paid for the 2012 Membership Year provide MoADSA membership benefits for the period January 1, 2012 through December 31, 2012.

### Purpose

The primary purpose of the Missouri Adult Day Services Association is to promote and maintain high and consistent standards in adult day service programs and to encourage the development of public policies supportive to the development of the Association and adult day services in accordance with community needs.

### Instructions

1. Select the appropriate category of membership (see definitions and eligibility below).
2. Type or print clearly.
3. Calculate your dues amount.
4. Be sure to sign this form and enclose your payment with the membership application.

### Member Directory Listing

- List your program in the 2012 MoADSA Directory and receive statewide advertising for only \$100!
- Each member listing in the Directory contains vital information and services provided. Directories are distributed to legislators, Department of Health and Senior Services offices throughout Missouri, Department of Mental Health regional offices, AAA's, attorney offices, and other organizations and referral sources.
- Be sure to check the appropriate box on the Membership application and enclose your \$100 payment for a Directory listing with your membership dues.

**DEADLINE TO BE INCLUDED IN THE 2012 DIRECTORY IS**  
**JANUARY 31, 2012!**

### Membership Categories

**Provider Membership** is available to facilities licensed by the Missouri Department of Health and Senior Services and engaged in the direct provision of adult day services. Provider Members are voting members of the Association and are entitled to receive full benefits of membership as may be prescribed from time to time by the Association.

Please note — when calculating dues for Provider Membership two options are available:

- (a) Join each location under one Provider Membership and include the total average daily census from all locations in your dues calculation. Dues are based on the average daily attendance for the past six (6) months. Dues are \$15.00 per person when average daily census is greater than 15. **ALL MEMBERS PAY A MINIMUM DUES AMOUNT OF \$75. MEMBERSHIP DUES CONTINUE TO BE CAPPED AT \$600 OR**
- (b) Join each location under a separate Provider Membership, including only the average daily census for each location in the dues calculation. Each Provider Membership will receive the same membership benefits as described above. Dues amounts for each location are \$15 per person when average daily census is greater than 15. **ALL MEMBERS PAY A MINIMUM DUES AMOUNT OF \$75. MEMBERSHIP DUES CONTINUE TO BE CAPPED AT \$600.**

**Affiliate Membership** is limited to individuals or entities associated with the adult day services industry who are advocates for adult day services. Affiliate Members are not entitled to vote at meetings of the Association, but shall be entitled to receive such benefits as may be prescribed from time to time by the Association. Dues for Affiliate Membership are \$35. Providers cannot join as an Affiliate Member.

# 2012 MoADSA Member Information

Program: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
(voting delegate)

Email Address: \_\_\_\_\_

List the name of corporate/parent company (if any): \_\_\_\_\_

Signature of Voting Delegate: \_\_\_\_\_

## Type of Membership

Check appropriate membership category:

### \_\_\_\_ Provider

If Average Daily Census is greater than 15,  
calculate dues as follows:

\_\_\_\_\_ (# of participants) x \$15 = \$ \_\_\_\_\_

**EVERY PROVIDER MEMBER COMPANY MUST  
PAY A MINIMUM OF \$75. MEMBERSHIP DUES  
ARE CAPPED AT \$600**

**Affiliate -- \$35**

## Membership Directory Listing

**YES!** Please include our program in the 2012  
MoADSA Membership Directory.

Enclosed with our dues payment is an additional  
\$100 payment for this valuable directory listing.

Please include a completed "Membership Directory  
Information Sheet" with all the necessary information  
for an accurate directory listing.

## Services and Certifications

Your Program is: (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> State Licensed  | <input type="checkbox"/> Medicaid Provider      |
| <input type="checkbox"/> Not-for-Profit  | <input type="checkbox"/> Proprietary            |
| <input type="checkbox"/> Voluntary       | <input type="checkbox"/> Government             |
| <input type="checkbox"/> Chain Affiliate | <input type="checkbox"/> Sole Corporation       |
| <input type="checkbox"/> Hospital-based  | <input type="checkbox"/> Freestanding           |
| <input type="checkbox"/> Rehab-based     | <input type="checkbox"/> Nursing Facility-based |

Services you provide: (check all that apply)

- Adult Day Care  
 Dept of Health & Senior Services Programs  
 Companion Care  
 Other \_\_\_\_\_

Please check if you are also a member of:

- Missouri Alliance for Home Care  
 MO Council for In-Home Services  
 NADSA  
 MoAHA

## Payment Information

Dues Amount Enclosed: \$ \_\_\_\_\_

Member Directory Fee: \$ \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_

Please return this application with your payment to:

**MoADSA**

2420 Hyde Park, Suite A

Jefferson City, MO 65109-4731

Phone: (573) 634-3566

**Visit our website: [www.moadsa.org](http://www.moadsa.org)**

## Have you enclosed:

- Completed Membership Application?  
 Membership Directory Information Sheet?  
 Dues Payment in Full?  
 \$100 Payment for Inclusion in the Directory?

# Missouri Adult Day Services Association 2012 Membership Directory Information Sheet

Please complete the following information and return this sheet with payment of \$100 for inclusion in the MoADSA 2012 Membership Directory by **January 31, 2012**. **Only Missouri Adult Day Services Association members may appear in the directory.**

Program Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Web Site Address: \_\_\_\_\_  
 Year Center Opened: \_\_\_\_\_  
 Contact Person/Director: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Counties Served: \_\_\_\_\_

**License / Certification:**

- Licensed Adult Day Care Provider (Dept. of Health & Senior Svcs)
- Other (please list): \_\_\_\_\_

**Days of Service:** \_\_\_\_\_  
**Hours of Service:** \_\_\_\_\_  
**Approved Licensed Capacity:** \_\_\_\_\_

**Services Provided** (Check all that apply):

|  |  |   |
|--|--|---|
| <p><b>Core Services</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Meals</li> <li><input type="checkbox"/> Transportation</li> <li><input type="checkbox"/> Nursing</li> <li><input type="checkbox"/> Socialization</li> <li><input type="checkbox"/> Exercise</li> <li><input type="checkbox"/> Field Trips</li> </ul>       | <p><b>Health Care</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Health screening</li> <li><input type="checkbox"/> Health care</li> <li><input type="checkbox"/> Showers</li> <li><input type="checkbox"/> Personal care</li> <li><input type="checkbox"/> Hair dressing</li> <li><input type="checkbox"/> Podiatry</li> <li><input type="checkbox"/> Massage</li> <li><input type="checkbox"/> Audiology</li> </ul> | <p><b>Therapies</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Recreational</li> <li><input type="checkbox"/> Physical</li> <li><input type="checkbox"/> Occupational</li> <li><input type="checkbox"/> Speech</li> <li><input type="checkbox"/> Pet therapy</li> <li><input type="checkbox"/> Intergenerational activities</li> <li><input type="checkbox"/> Music</li> </ul> |
| <p><b>Social Services</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Social work</li> <li><input type="checkbox"/> Counseling</li> <li><input type="checkbox"/> Information &amp; referral</li> <li><input type="checkbox"/> Support group (clients)</li> <li><input type="checkbox"/> Support groups (caregivers)</li> </ul> | <p><b>Special</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Overnight</li> <li><input type="checkbox"/> Weekends</li> <li><input type="checkbox"/> In-home services</li> </ul>   |   |

**Payment Methods Available** (based on eligibility) - Check all that apply:

- Medicaid
- Area Agencies on Aging
- Service/community organizations
- Grants
- Alzheimer's Association
- Parkinson's Association
- Sliding fee scale
- Private insurance
- Other (please list): \_\_\_\_\_
- Self pay
- Veterans Administration

**Additional Information:**

**YOUR LOGO:** If you would like your company's logo in the directory with your listing, please email a clear electronic logo to [diane@moadsa.org](mailto:diane@moadsa.org) by **January 31, 2012**.

**Return this Information Sheet with Full Payment to:**  
**MoADSA, 2420 Hyde Park, Suite A, Jefferson City, MO 65109-4731.**  
**Phone: 573-634-3566    [www.moadsa.org](http://www.moadsa.org)**