



2016 CDPAANYS Provider Member Application

Please Print or Type

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To apply for provider membership, an entity must:

- Currently contract to provide CDPA services;
- Allow consumers to recruit, hire, train, supervise and terminate the personal assistants they choose to work with; and
- Respect the autonomy of the consumer as an empowered individual who has the authority to direct his or her own care

Agency Name: _____

Agency Address: _____

Agency Telephone Number (____) _____ Fax Number (____) _____

Agency Web Address: _____

Name & Email of Executive Director: _____

Name & Email Address of CDPA Contact: _____
(Communications will be directed to this person unless otherwise indicated.)

CDPAANYS Annual Dues are based on the agency's total **CDPA** revenue from your most recently completed fiscal year. Using the table below, please identify your agency's total.

Check One	Agency's Total Annual CDPA Revenue	Annual Payment Amount	Quarterly Payments Amount
	First Year Fiscal Intermediary	\$1,000	\$250
	Up to 2.5 Million	\$4000	\$1000
	Greater than 2.5 Million – Five Million	\$6250	\$1562.50
	Greater than Five Million -Ten Million	\$8750	\$2187.50
	Greater than 10 Million less than 15 Million	\$10750	\$2687.50
	Greater than 15 Million less than 20 Million	\$12750	\$3187.50
	Greater than 20 Million less than 25 Million	\$14750	\$3687.50
	Greater than 25 Million less than 30 Million	\$17250	\$4312.50
	Greater than 30 Million less than 35 Million	\$19750	\$4937.50
	Greater than 35 Million less than 40 Million	\$22250	\$5562.50
	Greater than 40 Million less than 45 Million	\$24750	\$6187.50
	Greater than 45 Million less than 50 Million	\$27250	\$6812.50
	50 Million or Greater	\$30000	\$7500

3. (If also a LHCSA) Do you have systems or protections in place to separate the personal care and CDPA lines of business? If yes, please summarize below. If no, write N/A.

4. How does your FI handle a situation where a consumer calls you with a staffing or scheduling issue?

The Board of Directors reviews each membership application. Applicants will be notified of the Board's decision. Applications must be accompanied by a signed Statement of Principles.

By signing below, I certify that the above revenue information is correct and as a member agree to adhere to CDPAANYS bylaws and standards.

Authorized signature

Title

Date

If you have not done so, please send a .JPEG or .GIF file of your organization's logo along with a ~750-word written piece for inclusion on our website.