



PROGRAMS AND SERVICES

Membership in Ohio Council for Home Care & Hospice (OCHCH) provides you with the means to support the home care and/or hospice industries in Ohio. Enhance your operations with the following benefits:

Listing in the *Referral Guide for Home Care & Hospice*

Affiliate-Individual members are listed free of charge in the *Referral Guide for Home Care & Hospice* which is sent to all OCHCH members and hospital discharge planners in Ohio and surrounding states.

Position Your Company at the OCHCH Annual Tradeshow

The trade show is held in September, in conjunction with our Annual Conference and PAC auction.

Affiliate-Individual members receive:

- Significant savings on exhibit space.
- Advance notice and booth selection over non-members.

Educational Offerings at a Discount

Affiliate-Individual members receive discounts on educational offerings. OCHCH educational programs focus on the pressing issues facing the home care and hospice industry. Education programs also provide ample opportunity to network and troubleshoot with industry professionals.

Stay One Step Ahead with Frequent Updates on Industry Changes

OCHCH provides the tools to keep track of the latest industry trends and techniques. Our publications provide current information so that you and your staff can do your job in a more timely and economical manner. Our publications include:

- Essential regulatory information your company needs today.
- Legislative news and updates for home care and hospice.
- Important news and information affecting your company as it is first available.
- Information on legislative matters that need your immediate action.
- Timely association news and information.

OCHCH Website

- Access to the Members Only section with member directory.
- Listing in the Online Business Directory including contact information.
- Participation in the LISTSERV®, the OCHCH List, where members network to solve and share issues impacting business.

Additional Opportunities

- Participation on an OCHCH committee.
- First notice and/or request when special marketing opportunities arise.
- OCHCH staff refer members seeking vendors to the Online Business Directory.

AFFILIATE - INDIVIDUAL MEMBERSHIP

Affiliate-Individual Membership is open to individuals that are sole-proprietors or single employees of their company and provide services that support the home care and/or hospice industries. Any individual who otherwise qualifies under any other membership category (Provider, Affiliate, Startup/Conditional, Education, Student, or Retired) must join through the appropriate qualifying membership category. This membership is not applicable for an individual who is currently working in the home care and/or hospice field.

Step 1: Insert Your Information

Company Name: _____

Federal Tax ID: _____ Year Company Started: _____

Company Representative: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Step 2: Please Check All That Apply

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Medical Supplies | <input type="checkbox"/> Retirement Benefits |
| <input type="checkbox"/> Accreditation | <input type="checkbox"/> Fleet Management | <input type="checkbox"/> Mergers & Acquisitions | <input type="checkbox"/> Revenue Code Management |
| <input type="checkbox"/> Benchmarking | <input type="checkbox"/> Group Purchasing Services | <input type="checkbox"/> Mobile Imaging | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Human Resources/Payroll | <input type="checkbox"/> Mobile Technology | <input type="checkbox"/> Scheduling |
| <input type="checkbox"/> Clinical Pathways | <input type="checkbox"/> Insurance | <input type="checkbox"/> Operations/Reimbursement | <input type="checkbox"/> Software & Support |
| <input type="checkbox"/> Coding & Billing Services | <input type="checkbox"/> Integrated Home Care Network Management | <input type="checkbox"/> Personal Emergency Response Systems | <input type="checkbox"/> Staff Development & Training |
| <input type="checkbox"/> Compliance Programs | <input type="checkbox"/> Incontinence Supplies | <input type="checkbox"/> Pest Control | <input type="checkbox"/> Telehealth/Telemonitoring |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> IV Support | <input type="checkbox"/> Printing & Forms | <input type="checkbox"/> Telemedicine |
| <input type="checkbox"/> Cremation & Funeral Services | <input type="checkbox"/> Legal | <input type="checkbox"/> Quality Improvement/Patient Satisfaction | <input type="checkbox"/> Telephony |
| <input type="checkbox"/> Diagnosis Coding/OASIS Review | <input type="checkbox"/> Marketing & Sales Training | | <input type="checkbox"/> Therapy Services |
| <input type="checkbox"/> Durable Medical Equipment | | | <input type="checkbox"/> Other _____ |

Step 3: Marketing Material (Required to Process Application.)

Marketing material must accompany the completed membership application. Examples of marketing materials are website URLs, brochures, advertisements in publications and online, etc.

Step 4: Terms of Membership (Please Read and Sign Below.)

- Affiliate-Individual Membership is available to sole-proprietors or single employees of their company and provide services that support the home care and/or hospice industries.
- Membership benefits begin with receipt of payment and approval of application by OCHCH.
- Membership is based on a calendar year: January 1 to December 31.
- Dues are non-refundable and non-transferable.
- An email address is required to receive all OCHCH electronic publications.
- I consent to receive communications via mail, email, telephone, and/or fax.

As the company representative, my signature verifies that the above information is accurate.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Step 4: Select Payment Method

Total Dues: \$200

Check: Make checks payable to Ohio Council for Home Care & Hospice.

Credit Cards Accepted: American Express Visa MasterCard Discover

Card #: _____ Exp. Date: _____ 3-Digit Code: _____

Name on Card: _____

Signature of Cardholder: _____

Submit By Mail:

Ohio Council for Home Care & Hospice
1105 Schrock Road, Suite 120
Columbus, OH 43229

Submit By Fax: (614) 899-0192