



Home and Community-Based Membership Programs & Services

Membership in the Ohio Council for Home Care & Hospice (OCHCH) provides you with the means to support the home care, hospice, and palliative care industry in Ohio. As an HCBS Member, you can take advantage in the following ways to enhance your operations:

Stay One Step Ahead With OCHCH's Frequent Updates on Industry Changes

OCHCH provides the tools to keep track of the latest industry trends and techniques. Our publications provide up-to-the minute 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
- Report on association news and information
- Education opportunities available

Discounts on Education Programs

HCBS Members receive discounts on our education programs, including:

- Workshops
- Webinars
- Annual Conference & Tradeshow
- RCTCLEARN.NET, our eLearning portal

Listing in the Referral Guide for Home Care & Hospice

HCBS members will be listed in the Referral Guide for Home Care & Hospice. Intended to facilitate referrals for services, the guide is sent to all OCHCH members, hospital discharge planners, skilled nursing facilities, and others who make referrals.

OCHCH Website

- Access to the Members Only section with member directory
- Listing in the online vendor business directory with company logo and contact information
- One complimentary job posting on OCHCH career site

Additional Benefits

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



Home and Community-Based Services Membership Application

The Home and Community-Based Services (HCBS) Membership is open to businesses who provide person-centered care in the home and community. HCBS programs help individuals who need assistance with everyday activities. This is a non-voting membership.

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

- Durable Medical Equipment
- Behavioral Health
- Therapy Services
- Transportation
- Senior Centers

Any individual who qualifies under the Provider membership category must join through as a Provider member. Provider membership in OCHCH is available to providers of home care, hospice, and palliative care in the state of Ohio.

Step 3: Terms of Membership

(Please Read and Sign Below.)

- Membership benefits begin with receipt of payment and approval of application by OCHCH.
- Affiliate Memberships are active for one year after approval.
- 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 and I am not employed by a home care and/or hospice provider.

Print Name: _____

Title: _____

Signature: _____

Date: _____

Select Payment Method

Total Dues: \$800 for Company

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

Credit Card Accepted: Visa Mastercard Discover Amex

Card #: _____ Exp. Date: _____ Security Code: _____

Name on Card: _____ Signature: _____

Submit by Mail:

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

Submit by Fax: (614) 899-0192

Questions? Contact OCHCH at (614) 885-0434 or visit www.ochch.org