



nebraska association  
of home health agencies

advocate. educate. support.

**2019 HOME HEALTH FOUNDING MEMBER APPLICATION**

**CONTACT INFORMATION**

Name of Provider \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Website \_\_\_\_\_

*\*The information above will be listed in NAHHA's online directories.*

Director Information:

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Representative Information:

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**2019 FOUNDING MEMBER INVESTMENT**

Initial Contribution \$500	\$ _____
Plus \$50 Per Branch Office	\$ _____
Total Founding Member Investment	\$ _____

A Home Health Agency is any licensed home health organization that actively provides direct care to patients in their own place of residence. In order for a home health organization to become a member of Nebraska Association of Home Health Agencies, all branch locations must be listed on the membership form and calculated upon submission of dues. Home health agencies within an organization with branch locations may only become a member if all the providers of the organization become members of NAHHA.

**PAYMENT INFORMATION**

- Check Enclosed (Payable to NAHHA)
- Invoice
- Credit Card →

Cardholder's Name (PRINT) \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC # \_\_\_\_\_

Cardholder's Billing Address, City, State, Zip \_\_\_\_\_

\_\_\_\_\_

Cardholder's Email \_\_\_\_\_

Signature \_\_\_\_\_

Your signature on the line above will authorize this transaction. ↑

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE SEND APPLICATION FORM AND PAYMENT TO NAHHA**

NAHHA, 1200 Libra Drive, Suite 100, Lincoln, NE 68512  
Fax 402-475-6289  
Email NAHHA@nehca.org

Questions? Contact Marcia Cederdahl, Director of Regulatory Guidance, or Kristine Gilroy-Johnson, Director of Membership and Marketing at 402-435-3551.

**COUNTIES OF SERVICE** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CITIES OF SERVICE** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SERVICES**

- OT
- PT
- SLP
- Nursing
- Aide
- DME
- Intravenous Therapy

**STAFF MEMBERS**

List any staff members below that should have access to the members-only section of nehca.org and be listed to receive NAHAA's e-newsletter.

1. Name \_\_\_\_\_ Email \_\_\_\_\_  
Title \_\_\_\_\_
2. Name \_\_\_\_\_ Email \_\_\_\_\_  
Title \_\_\_\_\_
3. Name \_\_\_\_\_ Email \_\_\_\_\_  
Title \_\_\_\_\_
4. Name \_\_\_\_\_ Email \_\_\_\_\_  
Title \_\_\_\_\_
5. Name \_\_\_\_\_ Email \_\_\_\_\_  
Title \_\_\_\_\_