nebraska
nursing facility association

nebraska
assisted living association

advocate. educate. support.

For NNFA/NALA Office Use:
☐ ACCTNG ☐ NHCADB
☐ AHCADB

FACILITY MEMBERSHIP APPLICATION

Name of Facility _____ Date _____

Address _____ City _____ Zip _____

Facility Phone (include area code) _____ Fax (include area code) _____

Facility Website _____

Name of Administrator (Designated Representative) _____

Email _____ Cell Phone (include area code) _____

(Cell phone numbers for emergency contact only. Cell phone numbers will not be published.)

Membership Application for:

☐ Nebraska Nursing Facility Association (NNFA)
Nursing Facility Licensed Beds Only
(SNF, NF)

☐ Nebraska Assisted Living Association (NALA)
Assisted Living Licensed Beds Only

☐ Both NNFA and NALA
Nursing Facility and Assisted Living
Licensed Beds

Number of Licensed Beds:

(Dues are based on the number and type of licensed beds)

_____ Nursing Facility Beds (SNF, NF)

_____ Assisted Living Beds

Type of Operation:

_____ Non-Profit Independent Owner
_____ Non-Profit Multi-Facility Owner
_____ Proprietary Independent Owner
_____ Proprietary Multi-Facility Owner
_____ Governmental (City, County, State, District)

Legislative District: _____

DUES PAYMENT PLAN

_____ANNUAL..... Dues are billed January 1. FACILITIES THAT PAY BY JANUARY 15 MAY DEDUCT 2.5%.*
_____SEMI-ANNUAL ... Dues are billed January 1 and July 1.*
_____QUARTERLY ..... Dues are billed January 1, April 1, July 1, and October 1.*
_____MONTHLY ..... Dues are billed on the 1st of each month.*

*DELINQUENCY POLICY: Payment terms are 30 days. A 1.5% per month finance charge will be imposed on the outstanding principal balance not paid by the due date.

MEMBERSHIP DUES

Dues include membership in the Nebraska Nursing Facility Association and/or Nebraska Assisted Living Association, the appropriate district of the Nebraska Nursing Facility Association and/or Nebraska Assisted Living Association, and the American Health Care Association (AHCA) and/or the National Center for Assisted Living (NCAL). Membership dues shall be in accordance with the current dues schedule and paid in accordance with the accepted payment plan of the Nebraska Health Care Association, Inc. Membership is on a calendar year basis. Dues are pro-rated for new members applying after January of each year. The dues policy is available at nehca.org/2020membership.

RESPONSIBILITIES

The undersigned hereby agrees to abide by the policies of the Nebraska Health Care Association. Member applicants are subject to approval by the Association's Board of Directors. Information on termination of membership is available at nehca.org/2020membership.

Signed _____ Title _____ Date _____

Contributions or gifts to the Nebraska Nursing Facility Association and/or Nebraska Assisted Living Association are not deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible by members as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities.

NNFA/NALA estimates that the nondeductible portion of your 2020 dues – the portion which is allocable to lobbying – is 18.73%.

Email is used for delivery of information to members. Please keep NNFA/NALA informed of current email addresses!

☐ **CHECK THIS BOX if you DO NOT WANT EMAIL ADDRESSES PUBLISHED online or in printed NNFA/NALA membership directories.**

1200 Libra Drive, Suite 100, Lincoln, NE 68512 P: 402-435-3551 F: 402-475-6289 nehca.org

Affiliates of the Nebraska Health Care Association,
American Health Care Association, and National Center for Assisted Living

nebraska
nursing facility association

nebraska
assisted living association

Owner/Management Company

Owner _____
Address _____
City, St, Zip _____
Phone _____

Management Company _____
Address _____
City, St, Zip _____
Phone _____

IF APPLICABLE, please identify the individuals who fill these roles in your facility:

Nursing Facility Staff

NNFA Alternate Designated Representative
(For voting purposes when the administrator is unable to vote)
Name: _____
Email: _____

Director of Nursing: _____
Director of Nursing Email: _____

Social Services Director: _____
Social Services Director Email: _____

Activities Director: _____
Activities Director Email: _____

Dietary Manager: _____
Dietary Manager Email: _____

Medical Director (Full Name): _____
Medical Director Email: _____

Assisted Living Facility Staff

NALA Alternate Designated Representative
(For voting purposes when the administrator is unable to vote)
Name: _____
Email: _____

Resident Services Director: _____
Resident Services Director Email: _____

Accounts Payable Contact

Invoices and statements are emailed. Please supply the information below for your accounts payable contact.

Name: _____
Phone: _____
Email (1): _____
Email (2): _____

If your facility is tax-exempt, send Form 13, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, by fax or mail to:

NNFA/NALA, 1200 Libra Dr Ste 100, Lincoln NE 68512-9628
Fax: 402-475-6289

Certifications

_____ Nursing Facility Medicare Certification
_____ Nursing Facility Medicaid Certification
_____ Assisted Living Medicaid Certification

Checklist of Additional Services Provided by Your Facility

Place a check mark beside the additional services provided by your facility. (Definitions of services are available at nehca.org/2020membership.)

_____ Bariatrics
_____ Beauty/Barber
_____ Care Management
_____ Chore Services
_____ Day Care Adult
_____ Day Care Child
_____ Home Health Care
_____ Homemaker
_____ Hospice
_____ Independent Living
_____ Meals Home-Delivered
_____ Memory Support/Dementia Special Care Unit
_____ Mental Health/Behavioral Health
_____ Palliative Care
_____ Pediatric
_____ Personal Care Aides
_____ Personal Emergency Response System
_____ Podiatry
_____ Rehabilitation
_____ Respite
_____ Telehealth
_____ Traumatic Brain Injury
_____ Ventilator Dependent
_____ Veteran Administration Contracts
_____ Wellness Clinic/Center
_____ Other: _____
_____
_____
_____