



2021 IACP Organization Membership Form

An organization must complete this application form and be approved by the IACP Board of Directors before they may participate as a member of the Association.

Organization Name _____ County _____

Street Address _____

PO Box _____

City, State, Zip _____

Phone Number _____ Fax Number _____

Organization Website _____ Year Founded/Incorporated _____

Executive Director _____

Executive Director Email Address _____

Primary Contact for Agency _____ Title _____

Primary Contact Email Address _____ Phone _____

Name of Agency Privacy Officer _____ Phone _____

Privacy Officer Email Address _____

Accreditation/Licensure _____ Exp. Date _____

* Total Number of Employees (*include all locations*) _____

* Total Number of Persons Served (*include all services*) _____

* Total Annual Budget (*most recent year*) _____

* Total Gross Staff Salary (*most recent year*) _____

What percentage of your revenue is Medicaid? _____ %

If your organization provides services in multiple locations in Iowa, please provide all additional mailing addresses along with names and email addresses for the contact person(s) on a separate sheet of paper.

Executive Director Signature _____ Date _____

CFO/Finance Director Signature _____ Date _____

* These questions must be answered in order to process your membership application. Thank you!

Indicate the counties you are currently providing services:

Counties: _____

Indicate the variety of services currently being provided by your organization:

Employment Services

- Day Habilitation Pre-Vocational Supported Employment Work Services IVRS

Residential Services

- Assisted Living CDAC CHORE CSALA ICF
 Daily SCL Hourly SCL Home-Based Habilitation
 Respite Shelter Service Residential Treatment
 RCF – please list the number of licensed beds _____
 RCF/ID – please list the number of licensed beds _____
 RCF/PMI – please list the number of licensed beds _____

Behavioral Health Related Services

- ACT CMHC CSS Case Mgmt.
 Counseling Psychiatry Homeless Outreach Mental Health Outreach
 IHH IPR Substance Use Disorder In-Home Family Therapy
 PACE BHIS Family Counseling & Training SCL
 Habilitation EAP Family & Community Support Services

Children's Services

- BHIS IMMT PMIC Residential
 Hourly SCL RB SCL Respite

Waiver Services

- BI Waiver (# individuals served) _____ Children's Mental Health Waiver (# individuals served) _____
 Elderly Waiver (# individuals served) _____ Health and Disability Waiver (# individuals served) _____
 HIV Waiver (# individuals served) _____ Physical Disability Waiver (# individuals served) _____
 ID Waiver (# individuals served) _____

Other

- Consumer Choice Option Money Follows the Person
 Community Neurobehavioral Services Outpatient services (OT, PT, Speech, other)
 Transportation ABA
 Child Welfare



Annual Conference

The IACP Annual Conference is virtual for 2021 (May 11-14, 2021). Please see our website for details.

IACP Members receive membership with NCCBH and ANCHOR. These two national associations representing the national interests of IACP members.

- NCCBH – The National Council for Community Behavioral Health
 - www.thenationalcouncil.org
- ANCOR – The American Network of Community Options and Resources
 - www.ancor.org

Dues Calculation

- IACP member dues are based on annual gross staff salaries. The member dues schedule is included on the following page.
 - Please submit a copy of your most recent audit, 990 or a year-end financial statement for dues calculation.
- A \$100 application fee will be applied for new member applications.

Method of Payment

Paying by Check: Check # _____ (Payable to Iowa Association of Community Providers; Fed. ID: 42-1041048282)

Paying by Credit Card: VISA MasterCard

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

Cardholder's Name: _____ Cardholder's Email: _____

Credit Card Billing Street Address: _____

Credit Card Billing City: _____ State: _____ Zipcode: _____

Cardholder's Signature: _____

If paying by check, please send check and completed application to: IACP, 7025 Hickman Road – Suite 5, Urbandale, Iowa 50322.

If paying by credit card, complete credit card information above on application and scan/email to Susan Seehase at sseehase@iowaproviders.org. Completed application must accompany payment for membership to be processed.

Relentlessly advocating for Iowa providers to build healthy communities

so that

One day, all Iowans will live, learn and work in their community of choice.



IACP 2021 Dues Schedule

The dollar amount of your annual dues is determined by the Gross Staff Salaries of your organization. Verification of the dues level will be made through applicants providing a copy of the most recent audit completed, 990 or a financial statement representing the conclusion of a twelve (12) month period.

TIER A		
Category	Your Gross Staff Salaries	Your IACP Dues
1	\$1 - \$1,000,000	\$2,289
2	\$1,000,001 - \$2,500,000	\$3,536
3	\$2,500,001 - \$5,000,000	\$4,886

TIER B		
Category	Your Gross Staff Salaries	Your IACP Dues
4	\$5,000,001 - \$8,000,000	\$6,525
5	\$8,000,001 - \$11,000,000	\$8,421
6	\$11,000,001 - \$14,000,000	\$10,319
7	\$14,000,001 - \$17,000,000	\$12,472
8	\$17,000,001 - \$20,000,000	\$14,111

TIER C		
Category	Your Gross Staff Salaries	Your IACP Dues
9	\$20,000,001 - \$25,000,000	\$16,297
10	\$25,000,001 - \$30,000,000	\$18,997
11	\$30,000,001 - \$35,000,000	\$21,183
12	\$35,000,001 - \$40,000,000	\$23,369
13	\$40,000,001 - \$45,000,000	\$26,068
14	\$45,000,001 - \$50,000,000	\$28,254
15	\$50,000,001 or more	\$30,440

