



## 2024 IACP Organization Membership Form

An organization must complete this application form and be approved by the Membership Services committee and 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 Name \_\_\_\_\_ Executive Director Email \_\_\_\_\_

CFO Name \_\_\_\_\_ CFO Email \_\_\_\_\_

HR Director Name \_\_\_\_\_ HR Director Email \_\_\_\_\_

Primary Contact for Organization \_\_\_\_\_ Title \_\_\_\_\_

Primary Contact Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Business Entity Type

Nonprofit       For-Profit      IRS Code \_\_\_\_\_

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 *May 7-9, 2024*. 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](http://www.thenationalcouncil.org)
- ANCOR – The American Network of Community Options and Resources
  - [www.ancor.org](http://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](mailto: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 2024 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 - \$499,999	\$1,615
2	\$500,000 - \$1,000,000	\$2,677
3	\$1,000,001 - \$2,500,000	\$4,136
4	\$2,500,001 - \$4,000,000	\$5,714

TIER B		
Category	Your Gross Staff Salaries	Your IACP Dues
5	\$4,000,001 - \$6,500,000	\$7,631
6	\$6,500,001 - \$8,000,000	\$9,850
7	\$8,000,001 - \$12,500,000	\$12,070

TIER C		
Category	Your Gross Staff Salaries	Your IACP Dues
8	\$12,500,001 - \$16,000,000	\$14,588
9	\$16,000,001 - \$20,000,000	\$16,506
10	\$20,000,001 - \$25,000,000	\$19,062
11	\$25,000,001 - \$30,000,000	\$22,220
12	\$30,000,001 - \$35,000,000	\$24,777
13	\$35,000,001 - \$40,000,000	\$27,333
14	\$40,000,001 - \$45,000,000	\$30,490

