

2015 Millage Form

Please print clearly and note any changes to information.

Member Community Name

Address

Prime Contact Name and Title

Prime Contact E-mail Address

Phone:

Fax:

*Corporate/Parent Organization Name (*see below if applicable)*

*Parent organizations are those organizations that have more than one member as part of their overall operations.

Services Offered (check all that apply):

(If any of the services you offer are done under a separate nonprofit corporate structure, please fill out a separate sheet for them.)

- CCRC
- Nursing (not part of CCRC)
- Assisted living(not part of a CCRC)
- Senior housing site (not part of a CCRC)
- Home and community based service
- Managed Care Organization

Type of Sponsorship (check applicable box):

- Religious
- Union
- Government
- Fraternal
- Hospital
- Community
- Private Foundation
- Other

Please fax the completed form to 317-733-2385 by August 8, 2015

Program Service Revenue

Program services are those activities your organization was created to conduct, plus programs and activities later added, that form the basis of your current federal tax exemption. Program service revenue includes, but is not limited to, revenue from nursing care, assisted living, independent living, adult day care services, home health care, transportation, outpatient services, hospice, meals and other community-based services.

Program service revenue would exclude your interest on savings and temporary cash investments, realized and unrealized gains or losses, special events and activities, charitable contributions, and any other services unrelated to LeadingAge's mission.

The program service revenue should come from IRS Form 990, Part I, line 9 of the most recently completed fiscal year.

1. If your organization does not file Form 990 with the IRS, provide program service revenue from one of the following documents using the IRS definition (see above) for program service revenue:

- The organization's audited financial statement
- Medicaid Cost Report
- Profit and loss statement

2. Please report your program service revenue and fiscal year it represents:

Program Revenue

Fiscal Year

3. Certification Status (check if applicable): Medicaid Medicare

Supportive Services

So that LeadingAge can better understand those services offered by our member organizations, please check all services that you have included in program service revenue above.

- | | |
|---|---|
| <input type="checkbox"/> Adult Day Service | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Adult Day Healthcare | <input type="checkbox"/> Meals on Wheels |
| <input type="checkbox"/> Geriatric Clinic | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Home Health Care | <input type="checkbox"/> Subacute Care |
| <input type="checkbox"/> Home Health Agency | <input type="checkbox"/> Service Coordination |
| <input type="checkbox"/> Hospice Care | <input type="checkbox"/> Personal Care |
| <input type="checkbox"/> Congregate Meals | <input type="checkbox"/> Transportation |

Facility Information

On the last day of your reporting fiscal year, how many residents/clients were you serving? _____

On the last day of your reporting fiscal year, how many fulltime employees did you have? _____

How many individuals are currently on your active volunteer roster? _____

How many Medicare certified only nursing care beds do you have? _____

How many Medicaid certified only nursing care beds to you have? _____

How many Medicare/Medicaid dually certified nursing care beds do you have? _____

How many noncertified nursing care beds do you have? _____

How many assisted living units do you have? _____

How many independent living units do you have?

a. Federally Subsidized Senior Housing _____

b. Tax Credit/Income Restricted Senior Housing _____

c. Market Rate Senior Housing _____

d. Other _____

Please fax the completed form to 317-733-2385 by August 8, 2015