



Business Membership Application Check-off Sheet

Please use this list to verify that you have included all of the necessary forms, as well as any additional paper work and documentation required by AZNHA to complete the application process.

Please make sure to answer all the questions on the forms. You **DO NOT** need to include this page in your packet. Please include the following information in the packet you fax, email, or mail to AZNHA:

1. Completed, signed and dated membership application, which includes signed certification of compliance to AZNHA's Code of Business Ethics & Credentialing Standards of Service Agreement
2. Copy of ACORD® Certificate of Insurance for the following:
 - a. Workers Compensation Insurance Plan
 - b. *Business Liability Insurance*
 - c. *Professional Liability Insurance*

NOTE: These can be obtained from your insurance agent and are usually provided on an ACORD® form. You can request that your insurance carrier name AZNHA as a Certificate Holder so that the form is automatically sent to us upon renewal and update.

*: General Liability covers allegations of bodily and physical injury or property damage while Professional Liability protects you from claims of negligence or failure to perform professional duties. Ultimately, as their employer, you are responsible for the actions of your employees.

3. Brief statement outlining and explaining your Company's hiring practices and policies for its caregiver employees.
4. A copy of your consumer protection document as discussed in the Code of Ethics, Consumer Protection, section C. (As required by SB1401)
5. List of Arizona zip codes your agency services. If all of one county, or if entire state, just advise what county or all.
6. Annual dues of \$300 is payable to AZNHA (if application received after March 1, payment may be prorated at \$25/month for all remaining months of the current year). Renewal dues are payable on an annual basis in January of each year.
7. Electronic copy of your company logo (in .jpg or .eps format) for placement on our website. Please email to info@aznha.org.

If you have any questions regarding this Application Packet, please contact AZNHA at 602-283-3503 or info@aznha.org. The completed application packet can be faxed, emailed, or mailed to:

Fax: 866-225-4610

Email: info@AZNHA.org

Mail: Arizona In Home Care Association
PO Box 8042
Tempe, AZ 85281

Arizona In-Home Care Association

PO Box 8042, Tempe, AZ 85281

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info@aznha.org

Tel: 602-283-3503

<http://AZNHA.org>

Fax: 866-225-4610



Application for Business Membership

APPLICANT IDENTIFICATION

Date: _____

Registered/Corporate/Business Name: _____

DBA's or Name Known to Customers: _____

Address: _____
Street City State Zip

Officer Phone: _____ Office Fax: _____

Primary contact person name: _____

Email: _____ Web URL: _____

Counties in which services are provided: _____

Please attach a list of all zip codes your business serves. If you serve an entire county, just say that above.

Office Hours/Days: _____ Office Staff Availability: _____

Service Days/ Hours: _____ After Hours Phone _____

Is this business being run from a storefront office or from a home-based office? _____

If from a home-based office, are there plans to relocate to a storefront? Yes No
If home based business, a provisional membership will be considered for a period of one year with the understanding that professional office space will be in place by the renewal date. Comments: _____

LICENSURE & CERTIFICATION:

State License(s): Do you have a home health or other medical license? Yes No If yes, please attach a copy of your license(s)

Are any of your employees licensed or certified in any capacity of health or home care? (Attach additional sheet if necessary) Yes No

Individual's Name	License Number	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide the names and titles for all of your company officers, directors, owners and managerial employees. (Attach additional sheet if necessary)

_____	_____	_____	_____
Name	Title	Name	Title
_____	_____	_____	_____
Name	Title	Name	Title
_____	_____	_____	_____
Name	Title	Name	Title

How long have the individuals listed above owned and operated this business? _____

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List other office locations. (Attach additional sheet if necessary)

1. Primary contact name _____ Counties served: _____

Address: _____
Street City State Zip

Phone: _____ Fax: _____ Email: _____

2. Primary contact name _____ Counties served: _____

Address: _____
Street City State Zip

Phone: _____ Fax: _____ Email: _____

If any of the questions below have a "yes" answer, please attach a brief explanation, including individuals involved, dates and circumstances.

- Yes No Have any officers, directors, owners or management staff ever been convicted of a criminal offense, other than a minor traffic violation?
- Yes No Have any officers, directors, owners or management staff been involved in, had interest in, or owned a non-medical or other healthcare business that has been shut down or gone out of business?
- Yes No Have any officers, directors, owners or management staff had their license or certification revoked or suspended, or had any other disciplinary action taken against them by a licensing body?
- Yes No Is your Agency an approved AHCCCS provider?
- Yes No Is your agency a member of the Honor Care Network?

ADDITIONAL SERVICES:

- Yes No Nursing Services RN LPN
- Yes No Therapy Services: Physical Occupational Speech
- Yes No Respiratory Therapy
- Yes No Hospice or Palliative Care Yes Administer Medications
- Yes No Other Please explain: _____

HIRING / EMPLOYMENT PRACTICES

- Yes No Do you classify caregivers as W2 employees?
- Yes No Do you offer non-caregiving services?
 If yes, are they offered by: W2 1099 Referral Services
- Yes No Are criminal background checks performed for all individuals, including management staff, supervisors, office personnel and volunteers, who have direct contact with clients?
- Yes No Are caregiver employees required to have a clean driving record that has been verified through a DMV records check?
- Yes No Are at least two positive references obtained for each caregiver applicant?

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- Yes No Are face-to-face interviews conducted with caregiver applicants that cover employment history, experience, training, skill set and employment preferences?
- Yes No Are caregivers required to maintain current CPR and First Aide certifications?
- Yes No Are policies and procedures in place that ensure these certifications and tests are updated and maintained on a timely basis?
- Yes No Do you drug test all (or a portion of) new hire caregivers?
- Yes No Do you have an established ongoing policy that randomly drug tests current employees which includes mandatory testing for cause? (refer to Page 7, item #8 of this document)
- Yes No Do you inform all employees of their elder abuse "Mandatory Reporter" status?
- Yes No Are all caregivers' home making and home care skills verified through demonstration and written questionnaires upon hire?
- Yes No Are all employees who provide direct care or managed care services oriented to the home care duties and skill requirements necessary to perform their job duties as a care provider for each client?
- Yes No In the case of an emergency situation, are all caregivers able to effectively communicate in English on behalf of the client with emergency personnel?

CLIENT / CONSUMER PRACTICES:

- Yes No Do you perform an evaluation or assessment prior to providing care for clients?
- Yes No Do you develop a written Plan of Care for each client?
- Yes No Do you enter into a written service agreement with each client prior to starting services?
- Yes No Is the above document signed by the client (or client's financially responsible person), and by a representative of the business entity?
- Yes No Do you disclose all the items from SB 1401 as required by state law?
- Yes No Do you have an abuse prevention plan for each vulnerable adult receiving service?
- Yes No Do you have a client problem resolution and/or client complaint process policy in place that promptly addresses and attempts to resolve problems, issues or conflicts?

FEE DISCLOSURE:

- Yes No Do you charge a fee for any type of evaluation or assessment prior to providing care for a client? If Yes, please indicate the amount charged for this service: \$ _____
- Yes No Do you require a deposit from customers in order to perform services? If yes, please detail the specifics of the deposit: _____
- Yes No Do you charge start up, set up or any other fees? If yes, please detail the specifics of the deposit: _____
- Yes No Do you have a minimum amount of hours or a minimum charge that is required of clients? If yes, please detail: Shift / Day _____
 Week _____ Month /Other _____

What is your policy regarding cancellation of services? Please provide details, including fees: _____

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PRIVACY AND DISCLOSURE POLICY ACKNOWLEDGMENTS:

Non-Confidential Business Information: Certain business information we collect from Applicants and Members is considered public information by the Association (rather than information about you individually, such as your personal or financial information, etc.). For these purposes, we have defined “Non-Confidential Business Information” as any information for public review that identifies, or may identify, a company, its business practices, policies and procedures, its employees, or an individual contact at a company or that allows others to contact a company or an individual contact at a company that is *not* considered by the Association to be “Confidential Business Information.”

Member’s Profile: We also collect Business Information when you submit an Application for process by the Association. This information includes contact information and certain other information about you and/or your business and the services your business may provide. We use this information in accordance with this policy to identify you, your business, and to process your Application. In addition, this Information is used to create a “Member Profile” that is posted on the Association’s Web Site and available for the public to review.

Release Statement: I, the undersigned, grant the Arizona In Home Care Association (the “Association”), and/or its authorized agents, the rights to use the Non-Confidential Business Information contained herein, as defined above, for informational, publicity, or promotional purposes without prior notification. I understand that this Business Information may appear in printed materials published by the Association, on the Association’s Web site, in the Association’s presentations or exhibits, in newspapers or magazines, or on television. I agree to hold the Association and its Members harmless from all claims related to the Association’s or its agents’ use of this Non-Confidential Business Information for these purposes. I also agree that the Association is under no obligation to me or any other party to use this Non-Confidential Business Information. By my signature below, I represent that I have read and fully understand this Application for Membership Form.

Application Verification Statement: I hereby authorize the Arizona In Home Care Association, its agents, officers, directors, staff, or private investigators, to make inquiries, either by written communication, telephone, electronic, in person or otherwise, to any current or former business associate, governmental agency, educational institution, military establishment, relative or any other persons or entities knowledgeable of backgrounds of the individuals listed on this Application as to their prior history, without limitation, their: criminal history, business records or personal background; Corporate directorship/ownership, interest in business(es), nature of business of business dealings; prior claims, lawsuits, settlements; educational background, licenses, and certifications, work experience, nature of duties, performance levels; reliability, responsibility, honesty, integrity, civility, and any other measures of their character or personality.

In consideration of the furnishing of any such information by any party contacted by or on behalf of Arizona In Home Care Association, I and the business entity I represent, specifically waive any confidential relationship or privacy right which may exist for my (our) benefit and completely release the Arizona In Home Care Association, and the party(ies) contacted from any responsibility or liability for damages or other injuries which may occur as a result of the release or disclosure of this information. I, and the business entity I represent, agree to indemnify and hold harmless anyone involved with the conduction of this investigation of my, or the business entities, background from any and all liabilities or claims in connection therewith, photocopy, fax or electronic copy of this instrument bearing my signature shall be equally legally valid as the original.

APPLICANT VERIFICATION:

I certify that to the best of my knowledge, that the information provided herein is accurate and complete. I further agree, in the event the business I represent becomes a Member of the Association that all disputes and claims, individual or severable, involving this Membership will be submitted to the Association’s Board of Directors for final resolution. The decision rendered by the Board of Directors regarding any Member dispute or claim is binding, final, and cannot be appealed.

Company _____

Signature: _____ Title: _____

Printed Name: _____ Date: _____

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CODE OF BUSINESS ETHICS & CREDENTIALING STANDARDS OF SERVICE AGREEMENT:

The Association's Code and Standards are designed to promote honest and ethical conduct in Arizona's In-Home Care industry. They are also designed to facilitate and encourage prompt reporting of Code and/or Standard violations and to promote accountability for adherence to the Code and Standards and their underlying principles.

It is the responsibility of all AZNHA members to maintain a business environment that fosters fairness, respect and integrity. It is the Association's policy that its members are lawful, highly principled and socially responsible in all business practices. All members are expected to become familiar with this Code and to apply these guiding principles in the daily performance of their business activities and responsibilities

ETHICS:

- A. Operate their businesses with due diligence and professional care in accordance with professional standards and best practices, including carrying workman's compensation, business and professional liability insurance and maintaining a payroll service that complies with all state and federal laws.
- B. Serve in the interest of their clients and business organizations in a lawful and honest manner, while maintaining high standards of conduct and character and not engage in acts discreditable to the industry or to the Association.
- C. Maintain the privacy and confidentiality of information obtained in the course of their duties, unless disclosure is required by legal authority. Such information shall not be used for personal benefit or released to inappropriate parties.
- D. Ensure that all employees maintain competency in the home care industry and other areas, as applicable.
- E. Agree to undertake only those business activities, clients, or commitments, which they can reasonably expect to service or complete in a timely manner and with professional competence.
- F. Have a client problem resolution and/or client compliant process policy in place that promptly addresses and resolves problems, issues or conflicts in a timely manner and with professional competence.
- G. Operate the business from a commercial office space.

HIRING / EMPLOYMENT:

- A. Supply background information about the member's company, its principals and other information essential to AZNHA's responsibility to provide consumers with factual and timely information of its Members.
- B. Promptly notify AZNHA of any changes in ownership, licensing status, physical addresses, website address, telephone numbers and/or all other information deemed necessary by AZNHA that may change periodically.
- C. As part of the employment process for a Caregiver, the Member's business must have and maintain policies and/or procedures that:
 1. Maintain all Caregivers as employees of the company or business. Private contractors or self-employed individuals are not to be utilized as Caregivers by the Member's business. No private contractors or self-employed individuals are to be referred to for providing caregiving services by the Member's business or its employees.
 2. Perform a criminal background check for each Caregiver.
 3. Verify that employees (who will be driving on behalf of the Member's clients) have a valid driver's license. Members must obtain a DMV driving record for each Caregiver who will be driving Member's clients and ensure that he or she has not had any serious traffic violation convictions in the past three years, including DUI and reckless driving, which would preclude that person from driving for the Member's business.
 4. Conduct face-to-face interviews for employment with each Caregiver applicant covering: employment history, experience, skill knowledge, and other topics as the Member deems appropriate.

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5. Receive at least 2 positive references from prior employment.
6. Require current CPR and First Aid certification for all Caregivers and ensure these certificates are updated on a timely basis.
7. Require all Caregivers to provide negative TB results annually.
8. Must have a written drug testing policy in place for all caregiving staff, and disclose this to each client prior to services commencing.
9. Require that all caregivers go through an orientation upon hire that reviews all policies including mandatory reporting of elder abuse.
10. Validate a Caregiver applicant's home making and home care skills through verified experience, demonstration or completion of written assessment.
11. Require all Caregivers to be able to effectively communicate in English to ensure that, in an emergency situation where a Caregiver would be required to communicate with emergency personnel on behalf of a Member's client, emergency personnel would be able to accurately understand the client's situation and other pertinent information necessary to ensure the client's well-being.

CONSUMER PROTECTION:

- A. Require an on-site, face-to-face evaluation of care for each client prior to the start of services. (There may be exemptions to this for Hospice cases and/or contractual care agreements.)
- B. Create and maintain a written plan of care that is client-specific and that includes tasks, duties, services and information necessary for the Caregiver to properly provide care services for the client.
- C. For the purpose of consumer protection, have services provided by written agreement that is signed by the client or the client's financially responsible party and the Member's business representative. A copy of this agreement will be provided to the client before services commence. This agreement shall include at a minimum:
 1. The cost of the services provided and the unit of service charged (i.e., per hour, per shift, or daily).
 2. Cancellation (or early cancellation procedures), costs, charges, payments and/or penalties.
 3. The names of the person(s) receiving the care services.
- D. Provide training to all Staff Members about their responsibilities regarding elder abuse identification and reporting.
- E. Have Staff Members conduct documented face-to-face quality assurance visits with all clients at least once every 90 days.
- F. Inform Member's clients about the Member's complaint and problem resolution process.
- G. Conduct periodic training for Caregivers.
- H. Maintain current Arizona and federal labor code postings, in addition to all other pertinent labor law posters, as required by law.
- I. Adhere to established AZNHA Code of Business Ethics and Practices and maintain appropriate documentation in the Member's local office, which verifies AZNHA's Credentialing Standards are met and maintained.
- J. Promptly respond to any and all member and nonmember complaints presented by AZNHA and make a good faith effort to resolve all such complaints in accordance with generally accepted good business practices.



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- K. Fulfill all licensing and bonding requirements as required by applicable city, county, state and federal agencies and authorities, provide license numbers upon application for AZNHA membership and provide periodic updates of information upon request.
- L. Refrain from using the name, logo, seal, or any other materials of AZNHA if the Member's membership is suspended or terminated.
- M. Be free from any governmental action, concerning the marketplace and its customers, that demonstrates a significant failure of the Member's business to support the principles and purposes of the Association.
- N. Support the principles and purposes of AZNHA and not engage in activity that, in the determination of AZNHA's Board of Directors, reflects adversely on the Association or its members.
- O. Any Member or Member's business may be suspended or terminated for cause due to conduct which is at variances with these standards or other AZNHA policies and procedures.

I, and the business entity I represent, agree to comply with the Association's Code of Business Ethics & Credentialing Standards of Service Agreement as set forth above. I understand and agree that failure to comply with this Agreement can result in an investigation into a member's conduct, and can result in disciplinary measures by the Association, including suspension or expulsion from AZNHA.

Company _____

Signature: _____ Title: _____

Printed Name: _____ Date: _____

AZNHA Membership Payment form

Effective January 1, 2016, annual membership dues are \$300 per Member Company. For those applying for membership after March 1 of the current year, we offer a pro-rated rate of \$25/month for each month remaining in the current year. All Renewals are payable in January.

Member Identification:

Company Name: _____

Primary contact person name: _____

Email Address: _____

Payment Information:

By Check (payable to AZNHA) by Credit Card (complete the form below)

Credit Card Information:

Card holder name _____ Phone _____

CC billing address: _____
Street address City State Zip

Email address _____

Card Type: Visa MasterCard AmEx Amount paid: \$ _____

Card # _____ Exp. Date: ____/____ CSC # _____

Authorized Signature: _____ Date: _____

Notes: If primary contact and cardholder are not the same, please let us know to what email the PayPal receipt should sent.

Primary Contact Cardholder

Do you wish to receive an AZNHA receipt for this charge (sent via email)? Yes No

Note: *If primary contact and cardholder are not the same, please let us know to what email the PayPal receipt should sent. Credit card payments can only be made from this form. AZNHA uses PayPal for credit card processing. Once PayPal has advised the payment has been accepted, all credit card information is blacked out from this, or any other form. No credit card information will ever be kept on file at AZNHA.*