



Agency Membership Renewal Form

Please review your company profile on the AZNHA website. If your business has experienced changes that are not reflected on this profile, please note those changes below. *Please read this carefully as a blanket "no changes" response will be rejected. All Yes/No questions must be answered.*

A. Renewing Member Information:

Business Name: _____

Address/City/Zip: _____
Street Address City State Zip

Officer Phone: _____ Office Fax: _____

Primary contact person name: _____

Email Address: _____ Web URL: _____

B. Owners, Officers, Management (Only if there has been a change in your management since your last renewal)

Name	Title	Name	Title
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Name	Title	Name	Title
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C. List other office locations (not listed on your online profile). (Attach additional sheet if necessary)

Primary contact name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

D. Your Business:

Yes No Have you made any changes in your business model that are not reflected in your profile?

If yes, please explain: _____

W2 1099 Are your caregivers classified as W2 employees or 1099 contractors?

Yes No Are you an ALTCS provider?

Yes No Do any of your provide medical and/or skilled services caregivers

Yes No Do you have a written drug testing policy in place for all caregiving staff?

Yes No Do you have a client disclosure form that conforms to the SB1401 law?

Yes No Does your agency utilize a partner-organization or staffing agency for your caregivers?

Yes No If you are an Honor Network partner agency, do you require that all of the caregivers working with your clients have valid CPR cards?

Yes No Do you require and conduct supervisory visits for every client at least once every 30 days?

Yes No Do you carry professional liability and workers comp insurance on caregivers working with your clients? If this is covered by the Honor Network, can you provide AZNHA with ACORD forms?

E. Other changes: If your company has had other changes, please detail below. (use extra sheet if needed)

Yes No Do you use, and do you wish to receive a supply of, AZNHA brochures?

Yes No Do you wish to receive one of AZNHA's window clings?

Signature of Authorized Agent: _____ Title: _____

