



# 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)

_____	_____	_____	_____
<small>Name</small>	<small>Title</small>	<small>Name</small>	<small>Title</small>

### 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: \_\_\_\_\_
- Yes  No Are you an ALTCS provider?
- Yes  No Do of any 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?
- W2  1099 Are your caregivers classified as W2 employees or 1099 contractors?
- 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 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?
- Yes  No Do you require and conduct supervisory visits for every client at least once every 30 days?
- Yes  No Does your agency accept COVID-19 positive clients? If conditions, please explain:  
\_\_\_\_\_

### 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: \_\_\_\_\_

