

# Membership Form - Licensed AFC Homes

**Membership Dues:** \$40 for the first home and \$5 for EACH additional home or facility.  
(Please fill out a separate registration form for each home.)

**Membership Dues Cover:** 9/1/2023 through 8/31/2024

**Make checks payable to:** AFC Providers Association

**Mail to:** C/O Stacy Bohn, Treasurer  
1525 E. Pierson Road  
Flushing, MI 48433

**Facility Name:** \_\_\_\_\_

**Facility License Number:** \_\_\_\_\_

**Facility Description:** \_\_\_\_\_

\_\_\_\_\_

**Facility Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address (if different from above):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Website:** \_\_\_\_\_

## Facility Information

**Age Range Served:** \_\_\_\_\_ **Genders Served:**  Male  Female

### AFC Info - Choose all that apply:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Regular AFC           | <input type="checkbox"/> Alzheimer's             | <input type="checkbox"/> Assisted Living   | <input type="checkbox"/> CARF Accredited            |
| <input type="checkbox"/> CMH Certified         | <input type="checkbox"/> D.D.                    | <input type="checkbox"/> Elderly           | <input type="checkbox"/> Family Care                |
| <input type="checkbox"/> GHS Certified         | <input type="checkbox"/> Hospice                 | <input type="checkbox"/> Large Group       | <input type="checkbox"/> Long Term                  |
| <input type="checkbox"/> M.I.                  | <input type="checkbox"/> Medium Group            | <input type="checkbox"/> Memory Care       | <input type="checkbox"/> Mental Illness             |
| <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Rehab                   | <input type="checkbox"/> Respite Care      | <input type="checkbox"/> Secured                    |
| <input type="checkbox"/> Small Group           | <input type="checkbox"/> Smoking Allowed         | <input type="checkbox"/> Special Licensing | <input type="checkbox"/> Specialized Behavioral AFC |
| <input type="checkbox"/> Specialized Contract  | <input type="checkbox"/> Specialized Residential | <input type="checkbox"/> T.B.I.            | <input type="checkbox"/> Wheelchair Accessible      |

### Payments Accepted - Choose all that apply:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Auto Insurance       | <input type="checkbox"/> GHS Contract                 | <input type="checkbox"/> Medicaid                 |
| <input type="checkbox"/> Medicare             | <input type="checkbox"/> Private Pay                  | <input type="checkbox"/> SSI                      |
| <input type="checkbox"/> Veterans' Assistance | <input type="checkbox"/> Valley Area Aging Assistance | <input type="checkbox"/> Long Term Care Insurance |
| <input type="checkbox"/> CMH Contract         | <input type="checkbox"/> Workman's Comp               | <input type="checkbox"/> Other:                   |

**Where would you like your home listed?**  Printed Directory  Website