

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: 9/1/2024 through 8/31/2025

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