



American Board of Home Care

Protecting Seniors and those who serve them

NEW MEMBER APPLICATION PACKET

Complete the Application for Membership and Code of Conduct agreement. Then print the forms, sign and date where indicated and mail to: ABHC, 32565B Golden Lantern St., Ste 134, Dana Point, CA 92629-3248. Your check for \$600 must be received with your signed application packet before your application can be processed. Checks will not be deposited until an applicant has been accepted for membership.

Frequently Asked Questions (FAQs)

1) How much are annual dues? How much should I pay now?

Membership dues are \$600 annually. Bylaws provide that 50% of the annual dues shall be credited at the end of the calendar year to each member who (a) completes a term of service during the calendar year as a voting or non-voting member of the Executive Committee or a local chapter board; or, (b) participates on the Membership, Education or other duly constituted committee, and attends at least 75% of that committee's meetings held during that calendar year. Applicants will submit \$600 with their application for membership. Members who meet the service requirement will receive their credit the following calendar year.

2) How long does the approval process take?

The approval process takes from 30-90 days. Once your original application has been received by mail your local chapter's membership committee will begin the vetting process. We attempt to verify everyone as soon as possible; but, there are several steps and processing is done by volunteers from member companies so this can take some time. The more complete your application packet the faster we can process it. After approval your company is added to the list for posting on the website. You are then given a website user name and password.

www.AmericanBoardofHomeCare.org

32565B Golden Lantern St. Ste 134, Dana Point, CA 92629-3248

949-482-0232



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MISSION STATEMENT

- 1. To educate governments, businesses and clients** about the benefits of hiring home care companies that do business legally and ethically.
- 2. To serve as a platform for unified action** and the development of common, lawful standards of professional conduct among home care companies.
- 3. To promote the uniform enforcement of Labor Board regulations and other laws** applied to the home care industry, ensuring a level playing field.
- 4. To promote legal and ethical business practices in the home care industry**, to improve both industry standards and consumer confidence.
- 5. To make a positive difference** in the businesses of home care companies and the lives of the persons who rely on their services, particularly the elderly.



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New Member Application for Membership

Company/Organization (Agency): _____

Address (physical location of office in commercially zoned area):

Telephone: _____ Email: _____

Contact Name: _____ Website: _____

1. How long has your agency engaged in business as an employer model agency exclusively from a physical business address located within the boundaries of chapter being applied to? _____
2. Are you in compliance with rules, policies, & procedures with the licensure bureau? _____
3. Is your license in good standing? _____
4. What is your HCO number? _____
5. Do you have an HCO number pending? _____
6. What did you file (application or letter of intent)? _____

By signing below, I certify that the statements made herein are true and correct to the best of my knowledge, information and belief. I acknowledge that knowingly submitting false information is a basis for exclusion from membership and agree that Agency will indemnify ABHC for any harm caused by Agency's submission of false information. I also authorize ABHC to share information with prospective referral sources and clients concerning Agency's membership in ABHC. I acknowledge and agree that there is no guarantee of acceptance into ABHC and that Agency's dues will promptly be returned should this application not be accepted. By signing this agreement, I acknowledge that inclusion on ABHC's list does not constitute an endorsement of Agency or its services. I agree that periodically ABHC will anonymously verify Agency compliance with policies required for ABHC membership. An Agency's placement of caregivers in the homes of Patients/Clients, for a fee, is fundamentally inconsistent with the requirements of membership in ABHC. An exception is recognized after at least six (6) months of continuous service by that caregiver as an employee of that Agency, where the placement is made for the purpose of releasing the caregiver to work privately for the Patient/ Client. I also acknowledge that reapplication is required on an annual basis and that failure to meet the terms of this agreement at any time may result in Agency's membership being denied, suspended and/or revoked. I acknowledge and agree that ABHC reserves the right to notify the community if my membership lapses or is terminated with cause. I will indemnify ABHC for any harm or financial loss should Agency' membership be denied, suspended and/or revoked; including, but not limited to, losses from revocation of the license to use ABHC's logo and brand identity in promotional and marketing materials.

Owner/Director Signature

Date

Title

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American Board of Home Care Code of Conduct

Members of the American Board of Home Care understand minimum standards are important to the future success of businesses that provide senior services. All ABHC members are committed to honor and integrity in their business practice. Each member of the American Board of Home Care agrees to observe and maintain the following standards of conduct in dealing with the Elderly community and their families. As an ABHC member, I pledge to:

1. Treat all clients, their families, and friends with respect and dignity.
2. Conduct myself with integrity and honesty within the community I serve.
3. Protect all people's right to privacy and confidentiality as required by law.
4. Provide all appropriate options to clients so they can make educated decisions.
5. Make a good faith effort to refer to ABHC members or only employer model home care companies to protect the public.
6. Report any incidents of suspected elder abuse to adult protective services.
7. Make a good-faith effort to resolve matters amicably between other ABHC members.
8. Refrain from making disparaging remarks about any particular company their employees, or operation.

MEMBER		
Owner/Director Signature	Date	Title