



# 2026 (Jan 1-Dec 31) Provider Membership Application

(Please print all information)

**Agency Name:** \_\_\_\_\_

**Executive Director:** \_\_\_\_\_

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

Mailing Address and Suite Number of P.O. Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Telephone:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

| Support Provided       | # Served | Adults | Youth | Annual Budget |
|------------------------|----------|--------|-------|---------------|
| ICF                    |          |        |       |               |
| CRF-Res Hab            |          |        |       |               |
| Supported Liv/Periodic |          |        |       |               |
| Host Home/In Home      |          |        |       |               |
| Supported Employment   |          |        |       |               |
| HOME HEALTH            |          |        |       |               |
| Day Services           |          |        |       |               |
| Professional Services  |          |        |       |               |
| RSA                    |          |        |       |               |
| <b>Total</b>           |          |        |       |               |

Agency Status:     Non Profit         For Profit

Number of Staff: Full time \_\_\_\_\_ Part time \_\_\_\_\_

The DC Coalition maintains several e-mail list-serves for information exchange within our various committees. The information you provide below will help us to better inform you about important issues. Please provide the contact information for your key positions so they may receive important information.

| Position   | Name | Phone | Email |
|--|------|-------|-------|
| CEO/Exec Dir/President                           |      |       |       |
| CFO/Dir of Finance                               |      |       |       |
| Human Resources                                  |      |       |       |
| Res Program Leader                               |      |       |       |
| Day Program Leader                               |      |       |       |
| Home Health Program Leader                       |      |       |       |
| <b>Organizational Designee for communication</b> |      |       |       |

**Please refer to the graph below for calculating your **IDD Waiver/ICF** 2026 Membership Dues**

| <b>Provider Agency Total Size</b> | <b>2026 Annual Dues</b> |
|-----------------------------------|-------------------------|
| Agency Budget Less than \$500,000 | \$810                   |
| Budget \$500,001 to \$999,999     | \$1,620                 |
| Budget \$1M to \$1.999 million    | \$2,605                 |
| Budget \$2M to \$2.999 million    | \$3,318                 |
| Budget \$3M to \$3.999 million    | \$4,658                 |
| Budget \$4M to \$4.999 million    | \$6,080                 |
| Budget \$5M to \$9.999 million    | \$8,650                 |
| Budget over \$10 million          | \$11,145                |

**Please refer to the graph below for calculating your **Home Health** 2026 Membership Dues**

| <b>Provider Agency Total Size</b> | <b>2026 Annual Dues</b> |
|-----------------------------------|-------------------------|
| Agency Budget Less than \$500,000 | \$810                   |
| Budget \$500,001 to \$999,999     | \$1,620                 |
| Budget \$1M to \$2.999 million    | \$2,605                 |
| Budget \$3M to \$4.999 million    | \$4,000                 |
| Budget \$5 to \$9.999 million     | \$6,500                 |
| Budget over \$10 million          | \$8,650                 |

**If your organization provides both IDD Waiver/ ICF and Home Health Supports, your dues are calculated based on whichever Annual Agency Budget is higher, NOT a combination of both services.** (For example, if provider ABC has an IDD Waiver Budget of **\$2.3M** and a Home Health Budget of **\$800K**, yielding a total revenue of \$3.1M, the total annual dues obligation is **\$3,318**, based only upon the higher of the two amounts.)

**Commitment to Membership Responsibilities for the DC Coalition of Disability Service Providers**

The DC Coalition of Disability Service Providers is a professional organization that provides support and services, consistent with choice, to people with intellectual and developmental disabilities as well as persons receiving Home Health supports. The Coalition advocates for the most promising practices in the industry and serves its members by ensuring continuing progress toward greater quality of life for those receiving direct care and direct supports who reside in and around the greater Washington, D.C. area. The members of DC Coalition are committed to offering the highest quality, person centered service which has established the District as a national leader in the field.

Member agencies commit to the DC Coalition of Disability Service Providers Guiding Principles as part of their commitment to quality:

- Members maintain the highest standards of professionalism and ethical business practices.
- Members provide individualized support services which emphasize choice, self-determination, inclusion and respect for each person supported while maintaining privacy and confidentiality.
- Members strive for inclusion of all people in their local communities and at large.
- Members recognize that they are part of a nationally-recognized service system and endeavor to support one another while they work to advance service quality, public awareness and the public image of the field.
- Members will hold, in confidence, information which has been specifically stated as confidential.
- Members will work collaboratively to ensure a professional environment in which differences of opinion are respected and there is professional communication by and between members.
- Members commit to active participation of their designated representative in monthly and special Board meetings.
- Members and their staff commit to active participation in association committees and work groups.

All Member Organizations will provide input and information to the Coalition on a routine and emergent basis including:

- Responses to questionnaires and surveys disseminated by Coalition leadership and other data collection efforts;
- Input on key topics and issues; and
- Other areas which directly or indirectly impact Coalition members or persons with disabilities served by the members.

Each Member will designate a senior staff person (preferably the Executive Director/President/CEO) to represent the Member organization at Coalition activities including attendance at board, membership, special, and committee meetings.

As the Executive Director/President/CEO of \_\_\_\_\_,  
I agree to the Commitments outlined above as a member of the DC Coalition of  
Disability Service Providers. In doing so, I make full assurances that  
\_\_\_\_\_ is committed to the DC Coalition's guiding  
principles and the expectations of member agencies.

**Certifications**

**1) I have agreed to and have executed the Commitment to Membership Responsibilities statement noted above which constitutes a requirement of this Application submission.**

**2) I recognize that Coalition membership is based upon DC-based revenue for services provided. I hereby certify that the financial information accurately reflects the revenue for our agency for the purpose of calculating DC Coalition Membership Dues. (Certification must be completed by the Executive Director/President of the agency).**

\_\_\_\_\_  
Signature

Amount Remitted: \_\_\_\_\_

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

Please make checks payable to "DC Coalition of Disability Service Providers."

Return this completed form along with your dues payment by January 30, 2026 to:

Kathleen Bjerknes, DC Coalition Treasurer  
RCM of Washington  
64 New York Ave, NE, Suite 100,  
Washington, DC 20002

Feel free to contact Executive Director, Ian Paregol at 410-660-6641 if you have any questions.

We look forward to assisting your organization and those persons you support in pursuit of a successful 2026.