



2024/25 Provider Member Application Instructions

The membership year is July 1 through June 30. To renew your membership, please complete the [Provider Member](#) application. Please remember:

- The membership application is your invoice (see page 4 of application), and *membership cannot be processed without a completed application.*
- Organizations that provide telehealth services only should complete the [Telehealth Services Only application](#).

STEP 1 – ORGANIZATION INFORMATION

Provide contact information for all of the positions listed.

STEP 2 – SERVICES, REVENUE, AND CONTACT INFO

Dues are based on an organization's revenue for the 2023/24 FY. Regardless of payment source, revenue must be reported for all services listed in this section, which are provided in Pennsylvania. *Do not omit budget information for any listed service.*

The following service areas for adults and/or children are included in your total revenue calculation:

- Autism/Intellectual and Developmental Disabilities, including:
 - Community Participation
 - Employment
 - Residential
 - Supports Coordination (ODP)
- Behavioral Health, including:
 - Criminal Justice
 - Adult Mental Health
 - Children's Services (*includes Autism/IDD, Child Welfare, IBHS, Juvenile Justice, Mental Health*)
 - SUD Treatment Services
- Brain Injury
- Medical Rehab, including:
 - Inpatient
 - Outpatient
- Pediatric Rehab, including:
 - Early Intervention
- Physical Disabilities & Aging, including:
 - Employment Services (OLTL)
 - Personal Assistance Services
 - Service Coordination (OLTL)

For organizations with *multiple sites/subsidiaries*, combine the revenue for all sites in Pennsylvania. For *affiliates*, please submit an application for each organization; dues should be paid for each organization's total budget.

STEP 3 – ACCREDITATION

Select all accreditations awarded to your organization. If necessary, please add additional information next to "Other."

STEP 4 – LOBBYING INFO

This information is used for multi lobbyist RCPA efforts and informational sessions. Indicate if your organization has a lobbyist. If an internal lobbyist is used, complete "Name" and "Email" fields only. If an external lobbyist is used, complete "Lobbying firm," "Name," and "Email" fields.

STEP 5 – RCPA MEMBERSHIP DUES

Add all total revenue amounts in **STEP 2** and enter in the first line in this section. Then, refer to the [2024/25 RCPA Dues Table](#) for your dues amount.

New members only: New members receive a first-year 50% dues discount. If you are a new member, please take the dues amount and multiply this by 0.50. Then, enter your new dues amount in the third line in this section.

STEP 6 – ACCEPTANCE OF MEMBERSHIP CRITERIA AND VERIFICATION BY CEO/EXECUTIVE DIRECTOR

It is the duty of the CEO, Executive Director, or senior director signatory to assure that the purported budget figure is accurate; this is attested to by means of their signature. Upon request, a member must provide a copy of the most recent audited financial statements for the purpose of verifying membership dues.

SUBMISSION INSTRUCTIONS

Please make the check payable to "Rehabilitation and Community Providers Association" and remit payment along with completed application to:

Rehabilitation and Community Providers Association
777 E Park Dr, Ste G4
Harrisburg, PA 17111

RCPA membership cannot be processed without a completed [application](#) and dues payment. If you have questions about membership dues, please contact Accounts Receivable/Membership Services Manager Tieanna Lloyd via phone (717-963-3609) or [email](#).