



National Resource Center for Participant-Directed Services (NRCPS) FMS MEMBER APPLICATION

Thank you for your interest in becoming an FMS member at the NRCPS. Please contact us at membership@participantdirection.org with any questions about this application.

FMS PROVIDER INFORMATION

Organization Name: _____

Web address: _____

Start year as an FMS provider: _____

Number of participant-directed programs currently served: _____

Total number of participants currently served: _____

What models of FMS does your organization currently provide?

Fiscal/Employer Agent

Agency with Choice

Please tell us how you learned about the NRCPS:

What is your primary reason for becoming a member?

ORGANIZATION REPRESENTATIVES INFORMATION

Please provide contact information for the two employees who will serve as the representatives and primary contacts for your organization's membership.

Organization Representative

Name & Title: _____

Work Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Primary areas of responsibility: _____

Organization Representative

Name & Title: _____

Work Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Primary areas of responsibility: _____

PARTICIPANT-DIRECTED PROGRAM REFERENCE

The NRCPPDS will contact the listed reference to ensure the applicant has a current contract in good standing with a participant-directed program.

Program name: _____ State: _____

Program contact person: _____

Phone number: _____ E-mail: _____

Number of participants served by applicant in FMS capacity in the program: _____

PAYMENT INFORMATION

Please select a payment option:

CHECK – Make checks payable to Trustees of Boston College, Memo: NRCPPDS membership
Please mail payment to: Patti Krusz, Fiscal Specialist
314 Hammond Street
Chestnut Hill, MA 02467

INVOICE - We will mail an invoice to the financial representative listed below.

Financial Contact:

Please provide contact information for your agency’s financial representative whom we may contact with any questions regarding payment.

Name & Title: _____

Work Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Please contact our Membership Specialist Molly Hurt Morris at 617-552-1663 or membership@participantdirection.org with any questions regarding this application.

MEMBERSHIP CRITERIA

- I. The FMS provider has a current contract in good standing* with a participant-directed program
- II. The FMS provider serves at least one program with either employer authority, budget authority or both
- III. The FMS provider has served at least one participant-directed program for at least two full years and one full tax year
- IV. If the prospective member is a Fiscal/Employer Agent, they file and deposit Federal taxes in the aggregate on behalf of program participants using a separate Employer Identification Number specifically for Fiscal/Employer Agent filings and deposits
- V. If the FMS provider provides Agency with Choice services, the Agency with Choice meets all of the following 5 components of a participant-directed Agency with Choice:
 1. The agency acts as the joint employer of workers referred by the participant
 2. The participant retains the right to recruit, select, train, supervise, and dismiss his/her workers
 3. The agency serves as the employer for tax filing and depositing purposes
 4. The agency manages either each participant's budget or each participant's service authorization on an individual basis
 5. An agency obtains professional liability insurance, general liability insurance, and workers' compensation policies to cover workers where applicable

* "Good standing" will be determined based on a conversation with the contract administrator for a participant direction program provided by the applicant. NRCPS will inquire with the contract administrator about the applicants' performance and, based on the information provided, determine if the FMS provider applicant is in good standing.

Please contact our Membership Specialist Molly Hurt Morris at 617-552-1663 or membership@participandirection.org with any questions regarding this application.

TERMS OF FMS MEMBERSHIP

Membership begins immediately upon approval of your application and lasts until June 30, 2012. As of July 1, 2011 FMS member dues are as follows:

Number of Participants Served	2011-12 Annual Dues Rate
10,500 + participants	\$15,000
5,000-10,499 participants	\$7,500
1,000-4,999 participants	\$3,000
Less than 1,000 participants	\$1,500

If you are joining after September 30, 2011 your dues rates will be prorated, as follows:

Number of Participants Served	Join Dates: 10/1/11 – 12/31/11	Join Dates: 1/1/12 – 3/31/12	Join Dates: 4/1/12 – 6/30/12
10,500 + participants	\$11, 250	\$7,500	\$3,750
5,000-10,499 participants	\$5,625	\$3,750	\$1,875
1,000-4,999 participants	\$2,250	\$1,500	\$750
Less than 1,000 participants	\$1,125	\$750	\$375

The NRCPPDS membership dues structure is subject to change on an annual basis.

Membership is an organizational membership, not an individual membership. Membership is open to any organization that currently serves as an FMS provider and meets the aforementioned criteria.

An FMS member may withdraw from membership at any point during the year. However, dues are nonrefundable.

To renew membership on an annual basis, FMS members will be asked to provide a current program reference. The NRCPPDS reserves the right not to renew if an organization no longer meets the criteria for membership.

The applicant organization will pay the FMS member dues within 90 days of invoice. If no payment is received after 90 days, FMS membership will be suspended until payment is received.

Please return application form to:

Molly Hurt Morris, Membership Specialist
NRCPPDS, Boston College
314 Hammond Street Chestnut Hill, MA 02467
Membership@participantdirection.org
Fax: 617-552-1975

It will take approximately 2 weeks to process your application, or longer as needed to contact your program reference. The two organization representatives and financial contact will be notified via e-mail once your membership has been accepted.

Please contact our Membership Specialist Molly Hurt Morris at 617-552-1663 or membership@participantdirection.org with any questions regarding this application.

ADDITIONAL FMS PROVIDER INFORMATION

Please provide basic information about each of the participant-directed programs currently served in an FMS capacity, in addition to the program reference. This information is required to ensure the applicant organization meets the FMS membership criteria.

Program name: _____ State: _____

Program contact person: _____

Phone number: _____ E-mail: _____

Number of participants by applicant in FMS capacity in the program: _____

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Program name: _____ State: _____

Program contact person: _____

Phone number: _____ E-mail: _____

Number of participants by applicant in FMS capacity in the program: _____

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Program name: _____ State: _____

Program contact person: _____

Phone number: _____ E-mail: _____

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Phone number: _____ E-mail: _____

Number of participants by applicant in FMS capacity in the program: _____

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Program name: _____ State: _____

Program contact person: _____

Phone number: _____ E-mail: _____

Number of participants by applicant in FMS capacity in the program: _____

Please submit additional program information as an attachment, if needed.

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