

IAFCC Membership Application



NAME AND CONTACT INFORMATION

Clinic Name: _____

Parent Organization (if applicable): _____

Physical Address: _____ City: _____

State: ____ Zip: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Main Phone: _____ Admin. Phone: _____

Website/URL: _____ Federal EIN: _____

Primary Contact: _____ Primary Email: _____

Additional Contact: _____ Additional Email: _____

KEY INFORMATION PERTAINING TO IAFCC MEMBERSHIP CRITERIA:

Is your clinic a free clinic (no fees) or a charitable clinic (some fees)? Circle one:

Free Clinic

Charitable Clinic

Is your clinic a 501(c)(3) tax-exempt organization or a program component or affiliate of a 501(c)(3) organization? Circle one:

501(c)(3) organization

Program/affiliate of a 501(c)(3) organization

Briefly describe your patient eligibility criteria: _____

What services does your clinic provide? Circle all that apply:

Medical Care

Eye Care

Dental Care

Behavioral Health

Prescription Medications

ADDITIONAL DATA:

Month/Year Your Clinic Opened: _____

If your clinic is a free clinic, is it a registered free medical clinic in the state of Idaho?

Circle one: Yes No

Total Cash Operating Expenses in Most Recent Fiscal Year: \$ _____
(do not include in-kind or capital expenditures; do include administrative, fundraising, and program services expenses)

Total Unduplicated Patients Served in Most Recent Fiscal Year: _____

of Encounters Provided/Year _____

(Definition of Encounter: time with a provider, case-manager, CHW, etc. where a service is being received)

What 12-Month Period Comprised Your Most Recent Fiscal Year? _____

IAFCC Membership Definition

IAFCC Members are Free Clinics and Charitable Clinics. These are safety-net health care organizations that provide medical, dental, pharmacy, vision and/or behavioral health services to medically underserved and economically disadvantaged individuals. Such clinics are 501(c)(3) tax-exempt organizations, or operate as a program component or affiliate of a 501(c)(3) organization. Free Clinics charge no fees while Charitable Clinics charge some fees. Free or Charitable Clinics restrict eligibility for their services to individuals that are medically underserved and economically disadvantaged. FQHCs, FQHC Look-Alikes, and Certified Rural Health Clinics are not eligible for voting membership and the benefits associated with full membership but may apply to be associate members.

IAFCC Membership Commitment

Please initial next to each statement which will allow your clinic to become and remain a member of IAFCC in good standing:

- _____ Our clinic commits to paying annual membership dues (see dues structure below) following the initial application approval and by January 1st of subsequent years.
- _____ Our clinic commits to attending at least 4 of the 6 meetings that the IAFCC holds each year (five bi-monthly conference calls and the annual conference).
- _____ Our clinic commits to responding to emails and periodic information/data requests to IAFCC in a timely manner. As part of this, our clinic commits to informing IAFCC promptly when our primary contact information changes.
- _____ Our clinic commits to informing IAFCC immediately if our clinic makes any changes that may impact our membership eligibility (e.g. suspension of operations; ceases to be a free clinic or charitable clinic, etc.).

Annual Dues Structure

Annual Budget	Annual Dues
\$0 to 250,000	\$100
>\$250,000	\$200

By my signature below, I attest that I am an authorized representative of the applicant organization and that all information provided herein is true and correct to the best of my knowledge:

Printed Name of Authorized Representative: _____

Signature of Authorized Representative: _____

Date: _____

Please mail or email this form to IAFCC along with a copy of your organization's 501(c)(3) letter of determination. If you would like to email the form, please send to: admin@idahoafcc.org and remit \$25 application fee by check made payable to IAFCC. Fee must be received within 10 days of application date.

Send payment to: IAFCC, c/o Snake River Community Clinic, P.O. Box 6, Lewiston, ID 83501

IAFCC'S COMMITMENT TO IDAHO'S FREE & CHARITABLE CLINICS

The IDAHO ASSOCIATION of FREE & CHARITABLE CLINICS (IAFCC) is committed to investing our expertise and resources in order to further access to health care for the medically underserved. We are unincorporated nonprofit association under the laws of the State of Idaho. IAFCC organized in 2017 with the mission to support and provide resources to registered free and charitable clinics statewide that provide access to primary care for the medically needy. We have been increasing access to primary care throughout the state for decades. Just imagine what we can achieve together!