



LeadingCare Network Texas

Application for Post-Acute Long-term Care Network Membership

Corporate Organization:	
Corporate Address:	
Tax ID Number:	
NPI Number	
Facility Names: (Include all)	
Corporate Contact Name:	
Corporate Contact Email:	
Corporate Phone Number:	
CEO Name, Email, and Phone Number:	
Is the organization a member in good standing with LeadingAge Texas?	

Is the organization a not-for-profit?					
Please list all services, facilities, and (certified beds/capacity for each) provided by your organization:					
Please list the geographic areas your organization and facilities cover (counties and part of counties), with names and addresses:					
Please Indicate your overall current Star Rating and Today's Date for each facility:					
Mandatory Participation Criteria: Please indicate your ability to participate in network contracting and quality requirements: <ul style="list-style-type: none"> • Organization will participate in at least 80% of negotiated contracts. • Organization will comply with all quality program requirements. 	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No	Yes	No
Yes	No				
Yes	No				

Thank you for your application. The LeadingCare Network Texas Board will consider your application. Completing of the application is not a guarantee of acceptance. If accepted, we will contact you with the appropriate corporate documents for completion.

Please submit your application to Grant Swemba at grant.swemba@shcare.net.