



# 2026/27 Provider Member Application Instructions

The membership year is July 1 through June 30. To renew your membership:

- Submit a completed membership application and dues payment. Both are required to process membership.
- The [membership application](#) is your invoice (*see language on last page of application*).
- Organizations that provide telehealth services only should complete the [Telehealth Services Only application](#).
- Organizations licensed to provide health and human services outside Pennsylvania should complete the [Non-PA Based Provider Member application](#).

## STEP 1 – ORGANIZATION INFORMATION

Provide contact information for the positions listed. **NOTE:** Even if you do not have the positions above within your organization, please indicate who within your organization should receive content related to these roles. *The following are required fields:*

- CEO/Exec Director
- Admin/Exec Assistant
- CFO
- Comm/PR Contact
- Government Affairs
- Human Resources
- IT Contact
- Primary Contact
- Renewal Contact

## STEP 2 – LOBBYING INFO

This information is used for RCPA's multi-lobbyist efforts and informational sessions. Indicate if the organization has an external lobbyist. If an external lobbyist is used, complete "Lobbying firm," "Name," and "Email" fields.

## STEP 3 – SERVICES, REVENUE, AND CONTACT INFO

Dues are based on an organization's total 2025/26 FY revenue for **all** services listed. Regardless of payment source, select all services your organization provides in Pennsylvania.

The following service areas for adults and/or children are included in the application. If your organization provides any of these services in Pennsylvania, they must also be included in your total revenue reported in Step 4:

- Autism/Intellectual and Developmental Disabilities, including:
  - Community Participation
  - Employment
  - Residential
  - Supports Coordination (ODP)
- Behavioral Health, including:
  - Criminal Justice (includes re-entry, case management, probation-related services, etc.)
  - Adult Mental Health (includes supportive housing)
  - Children’s Services (includes Autism/IDD, Child Welfare, IBHS, Juvenile Justice, Mental Health, SUD, and other child-related programs)
  - SUD Treatment Services (for adolescents and adults)
- Brain Injury
- Early Intervention
- Medical Rehab, including:
  - Inpatient
  - Outpatient
- Pediatric Rehab
- Physical Disabilities & Aging, including:
  - OLTL Employment Services
  - Personal Assistance Services
  - OLTL Service Coordination

When completing Step 3, provide a contact name and email for each service selected. For example:

<u>AUTISM/IDD SERVICES (Adults only)</u>		
<input type="checkbox"/> Autism/IDD	_____	_____
<input type="checkbox"/> IDD Community Part.	_____	_____
<input checked="" type="checkbox"/> IDD Employment	Jane Smith	JSmith@paproviders.org
<input type="checkbox"/> IDD Residential	_____	_____
<input type="checkbox"/> Supports Coord (ODP)	_____	_____

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 4 – RCPA MEMBERSHIP DUES

Enter total amount of revenue for all services selected in **Step 3**. Then, refer to the [2026/27 RCPA Dues Table](#) for your dues amount.

**New Provider 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 5 – 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

- If paying by ACH, email completed application and confirmation of ACH payment to RCPA Membership Services/Business Partnerships Manager [Tieanna Lloyd](#).
- If paying by check, mail completed application and payment to RCPA, 777 East Park Drive, Suite G4, Harrisburg, PA 17111. Make check payable to "Rehabilitation and Community Providers Association."

Please remember that both a [completed application](#) and dues payment are required to process RCPA membership. Questions? Contact Tieanna Lloyd via phone (717-963-3609) or [email](#).