



**Membership Agreement Date:** \_\_\_\_\_ **Assigned Member#:** \_\_\_\_\_  
[For In-office Use Only]

THIS MEMBERSHIP AGREEMENT ('AGREEMENT') is for

"Payment Protection" Services and is between:

Paycare Home Program / ADRC (Parent Company)

5605 Hilltop Rd.

Jamestown, North Carolina 27282

P: 336.897.3008 F: 336.852.8333

and

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

hereinafter, called the "The Parties." The Parties agree to respect the integrity and tangible value of this Agreement between them.

THIS AGREEMENT is for a term of one (1) year(s) and annually renews from the date of execution and is to be applied to any and all transactions present and future, throughout the 1-year, renewable contract period.

Membership Type [\*Paycare Membership/Site Required(\$300)]:

**Paycare HOME** (\$ Paid Directly to Site) \_\_\_\_\_





Whereas, \_\_\_\_\_ facility agrees to the following Paycare HOME Program fee schedule for this individual facility site:

\$300.00 Paycare Mbrshp [*1 <sup>st</sup> Year Rq'd from 1 <sup>st</sup> 'Pay Incentive]	_____ (initials)
\$1700.00 Annual Mbrshp [auto-renew or 30-day written notice]	_____ (initials)
10% Recovered Parent Fees [withheld from recovered fees]	_____ (initials)
10% Current Parent Fees [withheld from Pay incentives]	_____ (initials)
Free "Parent's Promise" Plan input	_____ (initials)
Free Membership Window Decal	_____ (initials)

Services and Fees Schedule List:

\*Includes **all** Paycare benefits (+) Paycare HOME Pay incentives made to your facility

R'qd Paycare Yr-2 Membership (auto renewal)	(\$300.00 Per Year, <b>Per Site</b> , Up-front)
HOME payments paid directly to your facility	(\$1700 Mbrshp/Site; <b>Not out-of-pocket</b> Paid via "Hold-back"
Parents' past unpaid fees paid to your facility	(10% of amount returned; Not out-of-pocket)
Parents' current unpaid fees paid to your facility	(10% of Pay incentives; Not out-of-pocket)
Membership Window Decal	<b>Free</b>
"Parent's Promise Plan" input	<b>Free</b> ; Facility expectations from parents
'Pay incentives'	Paid to Facility, up-front, for parents
STARTER 'Pay incentives'	Paid to Facility in monthly payments

As agreed above, No up-front payment is required in the initial membership year. **Paycare HOME** Membership begins upon receipt of a signed Member Agreement, State/Business License and company 'voided' check or debit card copy. The Fee of **(\$300.00), (Three-Hundred)** dollars, due upon processing the facility-member's 1<sup>st</sup> 'Pay Incentive' via account draft. Paycare HOME will be





paid via “hold-back” (50% held out of Pay incentives sent to your facility, credited to pay the annual Paycare HOME membership fee) and not out-of-pocket.

Once we receive this Agreement and the **required**, up-front *Paycare* membership fee per site, our office will then assign your facility’s Membership number and your facility may begin receiving Pay incentives on behalf of parents, for their child(ren).

Paycare HOME Program values confidentiality and commits to keep all member records and submissions confidential and secure. The Parties agree to keep confidential any Paycare HOME Program processes, the information of all contacts introduced or revealed to the other Party. Information will solely be used for the purposes of this Agreement. No other use is allowable unless agreed in writing by both Parties.

The Parties will construe THIS AGREEMENT in accordance with the laws of the State of **(North Carolina)**, County of **(Guilford)**. Any disagreement shall be settled by mediation between the two Parties. If any provision of this agreement is found to be void during mediation, the remaining provisions will remain in force and effect.

Any suspected or tracked abuse will result in revoked membership and forfeit of fees previously paid.

THIS AGREEMENT contains the entire understanding between the Parties and any waiver, amendment or modification to THIS AGREEMENT will be subject to the above conditions and must be attached hereto. Both Parties may give a 30-day written cancellation notice prior to the anniversary, automatic-renewal date.

A facsimile copy of this Agreement shall constitute a legal and binding instrument. By setting forth my hand below I warrant that I have complete authority to enter into THIS AGREEMENT:





\_\_\_\_\_  
Authorized Facility/Management Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Facility/Management Printed Name

\_\_\_\_\_  
Authorized Paycare HOME Program Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Paycare HOME Program Printed Name

Paycare HOME Membership Section:

\*You may have completed this form online; However, we must have your signed membership agreement.

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Contact: \_\_\_\_\_ Facility Ph#: \_\_\_\_\_

Contact Title: \_\_\_\_\_ Facility Fx#: \_\_\_\_\_

Facility website: \_\_\_\_\_

**Facility Type:** \_\_\_\_\_ Home \_\_\_\_\_ Apartment \_\_\_\_\_ Mobile Home \_\_\_\_\_ Other

Any additional facilities that you want to join Paycare Program (\*Rq'd \$300 each):

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_





Facility Contact: \_\_\_\_\_ Facility Ph#: \_\_\_\_\_

Contact Title: \_\_\_\_\_ Facility Fx#: \_\_\_\_\_

Facility Type: \_\_\_\_\_ Home \_\_\_\_\_ Apartment \_\_\_\_\_ Mobile Home \_\_\_\_\_ Other

**\*separate membership numbers will be provided for additional facilities**

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**New-Member Instructions:**

Step #1: Return the enclosed Paycare HOME Membership Agreement (with void check/debit card copy and State License copy)

Step #2: To Request a 'Pay incentive':  
[www.paycareprogram.org](http://www.paycareprogram.org); Click 'Refer a Parent Pay Incentive' tab (enter information)

Step #3: Provide input for "Parent's Promise" Plans; Call and/or Complete and sign the Parent Referral Slip to Refer Parents you currently work with who need assistance paying fees to your facility.

**Built-In Paycare Benefits:**

Step #4: To Inquire of a Parent's Past Payment History:  
[www.paycareprogram.org](http://www.paycareprogram.org); Click 'Members' tab; Click 'Pmt History Inquiry' tab  
(enter the information)

Step #5: To Report **Parents** who have **not paid your facility in the past:**  
[www.paycareprogram.org](http://www.paycareprogram.org); Click 'Members' tab; Click 'Submit Unpaid Pmts' tab  
(enter the information)

Our office will contact parents you've submitted into our 'Submit Unpaid Pmts' tab; We will partner with them have the payment processed to pay your facility; You never pay out-of-pocket as we simply process the past-due payment to you, minus a 10% fee.

Step #6: To Obtain a Line of Credit **OR** "OAN" 15-day funding for your facility, Call our office.





**PAYCARE HOME PARENT REFERRAL SLIP**

Facility/Management Name: \_\_\_\_\_

Director/Manager Name: \_\_\_\_\_ Member# \_\_\_\_\_

Facility/Management Address: \_\_\_\_\_  
\_\_\_\_\_

Facility/Management Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Mr(s). \_\_\_\_\_ is requesting a Pay incentive

In the amount of \$ \_\_\_\_\_; Reason/Purpose: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

“Parent’s Promise” Request(optional): \_\_\_\_\_

For the benefit of: \_\_\_\_\_

(Child’s Full Name)

(Child’s Date of Birth)

\*Our Facility understands while Pay incentives are to be paid up-front for Parents, ‘Starter’ Program  
Pay incentives will be paid in monthly payments\*

**AUTHORIZED FACILITY SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

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I do understand that this Pay incentive will be made for me once my membership is established; My information is verified; And I review, agree to and sign my “Parent’s Promise” Plan. My associated fees will be paid via electronic draft from my checking account.

I agree to submit a complete membership agreement, picture ID copy, most recent paystub and bank statement (all pages), and copy of a ‘void’ check/debit card for information verification by Paycare HOME Program.

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

