

Agency Information:

Agency Name:				
Street Address:				
City/State:		Zip:		
Year agency established:		Is primary program(s) part of corporation with 501(c)(3) status?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Executive Director/CEO Name:				
Title:				
Telephone/ext.:		FAX:		Email:

Programs Provided:

<input type="checkbox"/> Adoption Agency	# open cases:				
<input type="checkbox"/> Family-Based Services	# open cases:				
<input type="checkbox"/> Foster Family Agency	# certified families:		# children in placement today:		
<input type="checkbox"/> Mental Health Services	# open cases:				
<input type="checkbox"/> Nonpublic School	# students enrolled:				
<input type="checkbox"/> Residential Care	Licensed capacity:		# children in placement today:		
<input type="checkbox"/> Community Treatment Facility	Licensed capacity:		# children in placement today:		
<input type="checkbox"/> Transition Age Youth Services			# clients currently served:		
<input type="checkbox"/> Other:					

Agency Budget:

Please enter your last completed fiscal year total revenue. \$

Please enter your last completed fiscal year total expenditures. \$

Accreditation(s):

<input type="checkbox"/> None at this time	<input type="checkbox"/> COA	<input type="checkbox"/> NCASES	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> CARF	<input type="checkbox"/> JCAHO	<input type="checkbox"/> WASC	

Affidavit:

This agency accepts and agrees to abide by, comply with and adhere to all the provisions, conditions, and covenants of the Articles of Incorporation, the Bylaws, the rules and regulations of the Corporation as they are or may from time to time be adopted, changed, amended, and all rulings, orders, direction and decisions of the Board of Directors or any duly authorized committee.

This agency agrees to pay such dues, assessments, and other charges in the manner and amount as shall from time to time be fixed by the Board of Directors.

This agency agrees that neither the Corporation nor any officer or employee thereof, nor any member of the Board of Directors shall be liable, except for willful malfeasance, to the applicant or to any director, officer or employee thereof, or to any other person, for any action taken by such officer or member of the Board of Directors in his official capacity, or by any employee of the Corporation while acting within the scope of his employment or under instruction of any officer, board or committee of the Corporation, in connection with the administration or enforcement of any of the provisions of the Bylaws, any of the rules and regulations as they are or may from time to time be adopted, changed, or amended, or any ruling order, direction, decision of, or penalty imposed by the Board of Directors or any duly authorized committee.

This agency agrees to present reasonable information with respect to the application as the Board of Directors may require.

Executive Director/CEO signature

Date

Please submit the application, dues assessment, last audit including management letter(s), signed Code of Ethics, along with a **nonrefundable \$200 application fee** to: California Alliance of Child and Family Services, Member Services, 2201 K Street, Sacramento, CA 95816.