



## MEMBERSHIP APPLICATION

Countywide and statewide public agencies, and voluntary nonprofit agencies providing direct child welfare services, may become members of CWLA. Membership is open to agencies that provide direct services to children and families and that meet CWLA's Standards for Membership.



### CWLA Membership Services

2345 Crystal Drive, Suite 250  
Arlington, VA 22202  
703-412-2400  
Fax 703-412-2401  
[www.cwla.org](http://www.cwla.org)

### PLEASE TYPE OR PRINT CLEARLY

Agency Name

Address

City

State

ZIP

Country

Telephone

Fax

Website

E-mail

### CHIEF EXECUTIVE OFFICER

Name  Dr.  Miss  Mr.  Ms.  Mrs.

Title

Telephone

E-mail

### OTHER CONTACTS

Name  Dr.  Miss  Mr.  Ms.  Mrs.

Title

Telephone

E-mail

Name  Dr.  Miss  Mr.  Ms.  Mrs.

Title

Telephone

E-mail

### BOARD/ADVISORY COMMITTEE CHAIR OR PRESIDENT

Name  Dr.  Miss  Mr.  Ms.  Mrs.

Title

E-mail

Address

City

State

ZIP

Country

Telephone

Fax

CEO's Signature

Date

Please complete both sides of this form.

# MEMBERSHIP APPLICATION

## ACCREDITATION

- Council on Accreditation (COA)  
    \_\_ Provisional \_\_ Accredited
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Other (specify) \_\_\_\_\_

## LICENSED BY

- State
- County
- City
- None

## OTHER NATIONAL AFFILIATIONS

\_\_\_\_\_

## AGENCY AUSPICES

- Public
- State
- Local

- Voluntary Nonprofit

Date organization was established \_\_\_/\_\_\_/\_\_\_

## FOR VOLUNTARY NONPROFIT AGENCIES

Total Agency Budget in Last Fiscal Year \_\_\_\_\_

(Please include copy of agency's annual report, audited financial statements, or IRS Form 990)

## For County Public and Statewide Public Agencies

- State
- County
- Population Under Age 18 \_\_\_\_\_

## CHECK ALL SERVICES PROVIDED

- |                                                                            |                                                                                  |                                                                       |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="radio"/> Adolescent Pregnancy Prevention & Parenting Services | <input type="radio"/> Early Intervention                                         | <input type="radio"/> International Child Welfare Services            |
| <input type="radio"/> Afterschool Programming                              | <input type="radio"/> Emergency Shelter Care                                     | <input type="radio"/> Juvenile Justice Services                       |
| <input type="radio"/> Birth to Three Child Development                     | <input type="radio"/> Employee Assistance Program                                | <input type="radio"/> Kinship Care                                    |
| <input type="radio"/> Case Management Services                             | <input type="radio"/> Employment & Training                                      | <input type="radio"/> Male Responsibility                             |
| <input type="radio"/> Child Day Care—Center Based                          | <input type="radio"/> Family Foster Care                                         | <input type="radio"/> Parenting Services                              |
| <input type="radio"/> Child Day Care—Family Based                          | <input type="radio"/> Family Preservation Services                               | <input type="radio"/> Post-Adoption Services                          |
| <input type="radio"/> Child Mental Health                                  | <input type="radio"/> Family Support Services                                    | <input type="radio"/> Prevention                                      |
| <input type="radio"/> Child Protective Services                            | <input type="radio"/> Gay, Lesbian, Bisexual, Transgender, and Questioning Youth | <input type="radio"/> Public Policy/Advocacy                          |
| <input type="radio"/> Children of Incarcerated Parents                     | <input type="radio"/> Head Start                                                 | <input type="radio"/> Refugee/Immigrant Services                      |
| <input type="radio"/> Children with HIV/AIDS                               | <input type="radio"/> HIV Prevention                                             | <input type="radio"/> Research & Evaluation                           |
| <input type="radio"/> Children's Health Services                           | <input type="radio"/> Home Visiting                                              | <input type="radio"/> Residential Group Care                          |
| <input type="radio"/> Community Schools                                    | <input type="radio"/> Homemaker/In-Home Aides                                    | <input type="radio"/> Role Modeling/Mentoring                         |
| <input type="radio"/> Counseling—Group                                     | <input type="radio"/> Hotline                                                    | <input type="radio"/> Runaway & Homeless Youths                       |
| <input type="radio"/> Counseling—Individual/Family                         | <input type="radio"/> Housing Programs & Homelessness                            | <input type="radio"/> Senior Services                                 |
| <input type="radio"/> Crisis Intervention                                  | <input type="radio"/> Independent Living                                         | <input type="radio"/> Sexual Abuse Treatment                          |
| <input type="radio"/> Crisis Nurseries                                     | <input type="radio"/> Indian Child Welfare                                       | <input type="radio"/> Social Advocacy/Community Organization Services |
| <input type="radio"/> Day Treatment                                        | <input type="radio"/> Infant Adoption                                            | <input type="radio"/> Specialized Foster Care                         |
| <input type="radio"/> Developmental Disabilities                           | <input type="radio"/> Information and Referral                                   | <input type="radio"/> Special Needs Adoption                          |
| <input type="radio"/> Domestic Violence Service                            | <input type="radio"/> Intercountry Adoption                                      | <input type="radio"/> Substance Abuse Services                        |
|                                                                            |                                                                                  | <input type="radio"/> Therapeutic Camps                               |
|                                                                            |                                                                                  | <input type="radio"/> Youth Development                               |
|                                                                            |                                                                                  | <input type="radio"/> Others—please specify                           |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TWO REFERENCES FROM CWLA MEMBER AGENCIES

Agency Name \_\_\_\_\_  
Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_  
E-mail \_\_\_\_\_

Agency Name \_\_\_\_\_  
Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_  
E-mail \_\_\_\_\_

Please indicate the name of the agency, if any, that facilitated your application for CWLA membership.

Name of Agency \_\_\_\_\_ City, State \_\_\_\_\_

**FOR MORE INFORMATION ON  
CWLA MEMBERSHIP, CONTACT**

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