

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.

Please submit completed application and supporting documentation to memberservices@cwla.org



www.cwla.org

Please Type or Print Clearly

Agency Name _____
Address _____
City _____
State _____ Zip Code _____
Country _____
Telephone _____ Fax _____
Website _____ E-mail _____

Chief Executive Officer

Name Dr. Miss. Mr. Ms. Mrs. _____
Title _____
Telephone _____ E-mail _____

Other Contacts

(COO, CFO, Policy, Programs, Communications, Board Chair, Billing, etc.)

Name Dr. Miss. Mr. Ms. Mrs. _____
Title _____
Telephone _____ E-mail _____

Name Dr. Miss. Mr. Ms. Mrs. _____
Title _____
Telephone _____ E-mail _____

Name Dr. Miss. Mr. Ms. Mrs. _____
Title _____
Telephone _____ E-mail _____

Name Dr. Miss. Mr. Ms. Mrs. _____
Title _____
Telephone _____ E-mail _____

Name Dr. Miss. Mr. Ms. Mrs. _____
Title _____
Telephone _____ E-mail _____

Please complete both sides of this form.

Membership Application

Accreditation

- Council on Accreditation (COA)
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Other (specify) _____

Licensed by

- State Country City None

Other National Affiliations

Organization Type

- 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

- Adoption
- Advocacy/Public Policy
- Case Management
- Crisis/Emergency/Hotline Services
- Child Development/Child Care/Family Day Care Services
- Child Protective Services
- Children of Incarcerated Parents
- Cultural Competency
- Culturally Specific Services
- Disproportionality
- Domestic Violence
- Early Childhood Intervention
- Education/School/Employment & Training
- Family Group Decision Making/Conferencing/Alternative Response
- Family Support/Preservation Services
- Foster Care Services
- Health Services: Prevention, Education & Treatment
- HIV/AIDS
- Housing/Homelessness
- Independent Living/Youth Aging Out
- Indian Child Welfare
- International Child Welfare/Social Services
- Juvenile Justice
- Kinship Care Services
- LGBTQ
- Mental Health/Behavioral Health/Counseling
- Pregnancy/Parenting
- Prevention
- Research & Evaluation
- Residential Group Care
- Rural Social Services
- Sexual Abuse Treatment
- Substance Abuse Services
- Youth Services/Youth Development
- Others—please specify _____

Please indicate the agency, if any, that recommended you for CWLA membership

Agency Name

Contact

E-mail

Two references from CWLA Member Agencies

Agency Name

Contact

E-mail

Agency Name

Contact

E-mail

CEO's Signature

Date