



Virginia Association of Community Rehabilitation Programs

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Springfield, VA 22153 Local: (703) 200-7660
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2018-2019 Application for Membership

Date: _____ Referred By/Sponsor: _____

Organization: _____

Address: _____

City, State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____ Web Page: _____

Chief Executive Officer (Name & Title):

Contact Person (If different from above):

FINANCIAL DATA (Please use most current fiscal year):

Fiscal Year Used: _____

Total Operating Expenses/Gross Income: \$ _____

Percentage of revenue from Industrial/Commercial Activities: _____%

Percentage of revenue from Government Contracts: _____%

- AbilityOne _____%
- DARS: _____%
- Waiver _____%
- Medicaid _____%
- CSB/Local _____%
- Other _____%

SERVICE DATA (Check all that apply):

_____ LTESS

_____ EES

_____ DARS Pre-ETS

_____ Job Coaching

_____ Workplace Assistance

_____ Group Day Services

_____ Residential/Group Home

_____ AbilityOne Provider

_____ Job Development/Job Placement

_____ Supported Employment (GSE/ISE)

_____ Center-based Employment

_____ Community Engagement _____ Community Coaching

_____ Supported Living

