



Virginia Association of Community Rehabilitation Programs

7420 Fullerton Road, Suite 110

Springfield, VA 22153

Toll Free: (877) 822-2777 Local: (703) 461-8747

Fax: (703) 569-3932 E-Mail: ktefelski@vaaccses.org

## Application for Membership

Date: \_\_\_\_\_

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: \_\_\_\_\_%

- JWOD: \_\_\_\_\_%
- DRS: \_\_\_\_\_%
- Medicaid \_\_\_\_\_%
- CSB \_\_\_\_\_%
- Other \_\_\_\_\_%

### SERVICE DATA (Check all that apply):

- |                                     |                              |
|-------------------------------------|------------------------------|
| _____ LTESS                         | _____ JWOD Provider          |
| _____ Vocational Evaluation         | _____ Job Development        |
| _____ Job Coaching                  | _____ Supported Employment   |
| _____ Center-based Employment       | _____ Case Management        |
| _____ Day Support Services          | _____ Situational Assessment |
| _____ Residential                   | _____ Supported Living       |
| _____ Welfare to Work/TANF          | _____ Brain Injury Services  |
| _____ Other (Please Specify): _____ |                              |

**INDIVIDUALS SERVED:**

# Served Annually     #Employed Annually     # Medicaid Individuals Served  
 # Served Daily     #Employed Daily     # LTESS Individuals Served  
 # MR Waiver Individuals Served  
 # DD Waiver Individuals Served

**DESCRIPTION OF PERSONS SERVED (Check all that apply):**

Mental Retardation     Learning Disability  
 Mental Illness     Visually Impaired  
 Head Injury/Brain Injury     TANF Recipients  
 Hearing Impaired     Developmental Disability  
 Physical disability     Other \_\_\_\_\_

**AREAS OF INTEREST:**

Legislative Activity     Membership  
 Board Membership     Training/Conferences  
 Meeting Planning

**CURRENT ISSUES OF INTEREST (Include Training Topics if appropriate):**

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**MEMBERSHIP DUES LEVEL:** Based on total operating expenses of most current fiscal year. Please include all services and administrative costs with the exception of children’s services & out-of-state programs. Questions – please call 703/461-8747.

Agency	State Assn. Dues
\$0 – 499,999	\$750
\$500k – 999,999	\$1,200
\$ 1M – 1.999 M	\$1,900
\$ 2M – 2.999 M	\$2,600
\$ 3M – 3.999 M	\$3,300
\$ 4M – 4.999 M	\$4,000
\$ 5M – 5.999 M	\$4,700
\$ 6M – 6.999 M	\$5,400
\$ 7M – 7.999 M	\$6,100
\$ 8M – 8.999 M	\$6,800
\$ 9M – 9.999 M	\$7,500
\$10M – 10.999 M	\$8,200
\$11M – 11.999 M	\$8,900
\$12M – 12.999 M	\$9,600
\$13M – 13.999 M	\$10,300
\$14M – 14.999 M	\$11,000
\$15M – 15.999 M	\$11,700
\$16M – 16.999 M	\$12,400
\$17M +	\$13,100

**\*\* Dues may be paid annually, biannually or quarterly**

**100% down payment on first-year member dues is required – We will prorate your second year. Please send completed application with check to address listed above. We also accept MasterCard or VISA**