



Date: \_\_\_\_\_ Referred By/Sponsor: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ 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: \$ \_\_\_\_\_

**SERVICE DATA (CHECK ALL THAT APPLY):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> LTESS                  | <input type="checkbox"/> CD Services Facilitation          | <input type="checkbox"/> Supported Living                |
| <input type="checkbox"/> EES                    | <input type="checkbox"/> MH/Psychiatric Services           | <input type="checkbox"/> Shared Living                   |
| <input type="checkbox"/> DARS Pre-ETS           | <input type="checkbox"/> AbilityOne Provider               | <input type="checkbox"/> In-Home Services                |
| <input type="checkbox"/> Workplace Assistance   | <input type="checkbox"/> Job Development/Job Place & Train | <input type="checkbox"/> Respite                         |
| <input type="checkbox"/> Group Day Services     | <input type="checkbox"/> Supported Employment (GSE/ISE)    | <input type="checkbox"/> Brain Injury Services           |
| <input type="checkbox"/> Respite Services       | <input type="checkbox"/> Center-based Employment           | <input type="checkbox"/> Benefits Planning               |
| <input type="checkbox"/> Residential/Group Home | <input type="checkbox"/> Community Engagement              | <input type="checkbox"/> Crisis Services                 |
| <input type="checkbox"/> Sponsored Residential  | <input type="checkbox"/> Community Coaching                | <input type="checkbox"/> Substance Use Disorder Services |
| <input type="checkbox"/> Welfare to Work/TANF   | <input type="checkbox"/> Companion Services                | <input type="checkbox"/> Other: _____                    |
| <input type="checkbox"/> Community Guide        | <input type="checkbox"/> PA/PC                             |  |

**INDIVIDUALS SERVED:**

# Served Annually: \_\_\_\_\_ #Total Employees (All Staff): \_\_\_\_\_

Geographic Area(s) Served: \_\_\_\_\_

**DESCRIPTION OF PERSONS SERVED (CHECK ALL THAT APPLY):**

- |   |  |
|---|--|
| <input type="checkbox"/> Developmental Disability (incl Autism) | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Behavioral Health/MI                   | <input type="checkbox"/> Visually Impaired   |
| <input type="checkbox"/> Head Injury/Brain Injury               | <input type="checkbox"/> TANF Recipients     |
| <input type="checkbox"/> Hearing Impaired                       | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Substance Use Disorder                 | <input type="checkbox"/> Veterans            |
| <input type="checkbox"/> Other: _____                           |  |

### AREAS OF INTEREST:

- |   |   |
|---|---|
| <input type="checkbox"/> Legislative Activity | <input type="checkbox"/> Training Conference Planning     |
| <input type="checkbox"/> Board Membership     | <input type="checkbox"/> Membership Recruitment/Retention |

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

### MEMBERSHIP DUES LEVEL:

Based on total operating budget/revenue of most recent fiscal year. Please include all services and administrative costs for Virginia. Exception = out-of-state programs & pass through payments to sponsored residential homes. Questions – please call (804) 210-5679

Agency	State Assn. Dues
\$0 – 499,999	\$825
\$500k – 999,999	\$1,320
\$ 1M – 1.999 M	\$2,090
\$ 2M – 2.999 M	\$2,860
\$ 3M – 3.999 M	\$3,630
\$ 4M – 4.999 M	\$4,400
\$ 5M – 5.999 M	\$5,170
\$ 6M – 6.999 M	\$5,940
\$ 7M – 7.999 M	\$6,710
\$ 8M – 8.999 M	\$7,480
\$ 9M – 9.999 M	\$8,250
\$10M – 10.999 M	\$9,020
\$11M – 11.999 M	\$9,790
\$12M – 12.999 M	\$10,560
\$13M – 13.999 M	\$11,330
\$14M – 14.999 M	\$12,100
\$15M – 15.999 M	\$12,870
\$16M – 16.999 M	\$13,640
\$17M +	\$14,410



#### Address

3600 Saunders Avenue  
Richmond, VA 23227



#### Local Phone Number

(804) 210-5679



#### Email

membership@vaaccses.org

**Please Make Checks out to: Virginia Association of Community Rehabilitation Programs**

*\*\* Dues may be paid annually, biannually, or quarterly – exception is first year  
100% down payment on first-year member dues is required – We will prorate your second year if needed.  
We also accept MasterCard, VISA, and AMEX. (3% fee)*