

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

2301 River Road, Suite 102
Louisville, Kentucky 40206



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)*