



ASSOCIATION APPLICATION

Applications are subject to approval by the Board of Directors

Agency/Individual Name _____

Street Address _____

Annual child welfare expenses (excluding pass-through payments to foster parents): _____

What is your agency's mission? _____

What direct services to children, youth and families does your agency offer? _____

Has your organization had any contract cancelled for cause in the last five years? If so, please provide details. _____

Choose one:

- Participation as a full voting **Organizational Member**: Agencies or entities whose primary focus is direct services to children and families.
- Participation as a full voting **Individual Alumni Member**: Individuals who have previous documented participation in the Association and are not employees of eligible organizations.
- Participation as a non-voting **Partnering Organization**: Agencies or entities whose primary focus is legislative, administrative, and/or advocacy on behalf of children and families.

Main Contact Person/CEO/ED:

Name & Title _____

Phone _____ E-mail _____

WACF is composed of three divisions:

- **The Child Placing Agencies Division**, which is composed of member agencies that are interested in preserving, promoting, and improving Child Placing Agencies or organizations providing foster care services.
- **The Intensive Services Division**, which is composed of member agencies that are interested in preserving, promoting, and improving Behavioral Rehabilitation Services, Crisis Residential Centers, HOPE beds, Regional Assessment Centers, and other services designed to serve children, youth, and their families with multidimensional and complex needs.
- **The Family Preservation and Support Services Division**, which is composed of member agencies that provide in-home and community-based services to families, with the goal of stabilizing families to prevent children from entering more intensive services, including out-of-home care.

Choose one or more:

- Child Placing Agencies (CPA) Division** (If Applicable)

Agency Representative's Name & E-mail Address: _____

- Intensive Services Division** (If Applicable)

Agency Representative's Name & E-mail Address: _____

- Family Preservation & Support Services (FPSS) Division** (If Applicable)

Agency Representative's Name & E-mail Address: _____

I am authorized to speak and make commitments pursuant to participation on behalf of the organization noted in this application. I give permission to use the organization name in any written materials or publications of the Washington Association for Children and Families.

Signature _____

Printed Name _____

Title _____ Date _____