



New York State Coalition for Children's Mental Health Services

PO Box 7124 Albany, New York 12224-0124 Phone: (518) 436-8715 Fax: (518) 427-8676
Serving New York's Children and Youth, Families and Communities

Please Print

Application for Membership

I would like membership in the Coalition for the following programs:

	No. of Sites/Slots
_____ Family Teaching Home (Annual Dues = \$270 per 4 bed site)	_____ sites
_____ Community Residence (Annual Dues = \$750/program site)	_____ sites
_____ Family Based Treatment (Annual Dues = \$750-\$1,125/program site) (10 bed = \$750; 20 bed = \$1,100; 25 bed = 1,125/program site)	_____ sites
_____ Home and Community Based Waiver (Annual Dues = \$100 per slot)	_____ slots

Dues Are Incurred Until We Are Notified In Writing To Terminate Your Membership.

Executive Director/CEO : _____

Title: _____

Organization Name: _____

Address: _____

Phone: _____ Fax: _____ E-mail _____

SIGNATURE: _____ **Date:** _____

Bill To - Name: _____ Same as Above: _____

Title: _____

Organization Name: _____

Address: _____ Same as Above: _____

Phone: _____ Fax: _____ E-mail _____

Please indicate the type and # of beds for each program with contact and site info, if different from above:

(If you have more than three programs to list, please make a copy of this application to complete the necessary information)

_____ **CR** _____ **Family Teaching Home** _____ **FBT** _____ **HCBW** **Number of Beds/Slots:** _____

Contact: _____ Same as Above

Title: _____

Org Name: _____

Address: _____ Same as Above

Phone: _____ Fax: _____ Email _____

_____ **CR** _____ **Family Teaching Home** _____ **FBT** _____ **HCBW** **Number of Beds/Slots:** _____

Contact: _____ Same as Above

Title: _____

Org Name: _____

Address: _____ Same as Above

Phone: _____ Fax: _____ Email _____

_____ **CR** _____ **Family Teaching Home** _____ **FBT** _____ **HCBW** **Number of Beds/Slots:** _____

Contact: _____ Same as Above

Title: _____

Org Name: _____

Address: _____ Same as Above

Phone: _____ Fax: _____ Email _____