



2019 (Jan 1-Dec 31) Provider Membership Application

(Please print all information)

Agency Name: _____

Executive Director: _____

Address: _____

Mailing Address and Suite Number of P.O. Box

City _____ State _____ Zip Code _____

Telephone: _____ **Fax:** _____

Email: _____ **Website:** _____

Support Provided	# Served	Adults	Youth	Annual Budget
ICF				
CRF-Res Hab				
Supported Liv/Periodic				
Host Home/In Home				
Supported Employment				
RSA				
Day Services				
Educational Services				
Other _____				
Total				

Agency Status: Non Profit For Profit
 Number of Staff: Full time _____ Part time _____

The DC Coalition maintains several e-mail list-serves for information exchange within our various committees. The information you provide below will help us to better inform you about important issues. Please provide the contact information for your key positions so they may receive important information.

Position	Name	Phone	Email
CEO/Exec Dir			
CFO/Dir of Finance			
Human Resources			
Res Program Leader			
Day Program Leader			
Organizational Designee for DC Coalition communication			

**Please refer to the graph below for calculating your agency's
2019 Membership Dues**

Provider Agency Size	2019 Annual Dues
Agency Budget Less than \$500,000	\$810
Budget \$500,001 to \$999,999	\$1,620
Budget \$1 to \$1.999 million	\$2,605
Budget \$2 to \$2.999 million	\$3,318
Budget \$3 to \$3.999 million	\$4,658
Budget \$4 to \$4.999 million	\$6,080
Budget \$5 to \$9.999 million	\$8,650
Budget over \$10 million	\$11,145

**Commitment to Membership Responsibilities for the DC Coalition
of Disability Service Providers**

The DC Coalition of Disability Service Providers is a professional organization that provides support and services, consistent with choice, to people with intellectual and other disabilities. The Coalition advocates for the most promising practices in the industry and serves its members by ensuring continuing progress toward greater quality of life for those with intellectual disabilities and other disabilities who reside in and around the greater Washington, D.C. area. The members of DC Coalition are committed to offering the highest quality, person centered service which has established the District as a national leader in the field.

Member agencies commit to the DC Coalition of Disability Service Providers Guiding Principles as part of their commitment to quality:

- Members maintain the highest standards of professionalism and ethical business practices.
- Members provide individualized support services which emphasize choice, self-determination, inclusion and respect for each person supported while maintaining privacy and confidentiality.
- Members strive for inclusion of all people in their local communities and at large.
- Members recognize that they are part of a nationally-recognized service system and endeavor to support one another while they work to advance service quality, public awareness and the public image of the field.
- Members will hold in confidence, information which has been specifically stated as confidential.
- Members will work collaboratively to ensure a professional environment in which differences of opinion are respected and there is professional communication by and between members.
- Members commit to active participation of their designated representative in monthly and special Board meetings.
- Members and their staff commit to active participation in association committees and work groups.

All Member Organizations will provide input and information to the Coalition on a routine and emergent basis including:

- Responses to questionnaires and surveys disseminated by Coalition leadership and other data collection efforts;
- Input on key topics and issues; and
- Other areas which directly or indirectly impact Coalition members or persons with disabilities served by the members.

Each Member will designate a senior staff person (preferably the Executive Director/President/CEO) to represent the Member organization at Coalition activities including attendance at board, membership, special, and committee meetings.

As the Executive Director/President/CEO of _____, I agree to the Commitments outlined above as a member of the DC Coalition of Disability Service Providers. In doing so, I make full assurances that _____ is committed to the DC Coalition's guiding principles and the expectations of member agencies.

Certifications

1) I have agreed to and have executed the Commitment to Membership Responsibilities statement noted above which constitute a requirement of this Application submission.

2) I recognize that Coalition membership is based upon DC-based revenue for services provided. I hereby certify that the financial information accurately reflects the revenue for our agency for the purpose of calculating DC Coalition Membership Dues. (Certification must be completed by the Executive Director/President of the agency).

Signature

Amount Remitted: _____

Printed Name and Title

Date

Please make checks payable to "DC Coalition of Disability Service Providers." Return this completed form along with your dues payment within 30 days to:

Kathleen Bjerknes, DC Coalition Treasurer
RCM of Washington
64 New York Ave, NE, Suite 100,
Washington, DC 20002

Feel free to contact Executive Director, Ian Paregol at 410-660-6641 if you have any questions.

We look forward to assisting your organization and those persons you support in pursuit of a successful 2019.