



**Council of Family and Child Caring Agencies**

Leadership, Voice and Vision for Child Welfare in New York State

**Agency Membership Application Form**

Agency Name \_\_\_\_\_

Name of Executive Director \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Web Site \_\_\_\_\_

On behalf of the above listed agency, we are interested in applying for membership with the Council of Family and Child Caring Agencies (COFCCA).

\_\_\_\_\_  
Signed: Executive Director

\_\_\_\_\_  
Date:

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Please answer the following questions and attach the following materials required by COFCCA to initiate the membership process. **If all documents are not readily available to you, please submit what you have and the remainder may be submitted later.**

Our agency is a tax exempt organization under the 501(c)(3) code of the IRS. Yes  No

Our agency is incorporated. Yes  No

Does your agency have contracts with one or more local districts (including ACS) for preventive services, foster care, and/or adoption Yes  No

Please attach:

Brief description of programs the agency operates, including numbers of children and or families served last year

√ if attached

Annual Report or annual revenue and expense statement for the  
agency's last completed fiscal year



Please submit to:  
Diane Leske, COFCCA, 254 West 31<sup>st</sup> Street, 5<sup>th</sup> Floor, New York City, NY 10001  
Fax (212) 929-0870