

**National Children’s Alliance**

**Application for Affiliate Member**

The following information will be used for all general communication with the center and for publication in NCA’s membership listings.

**Agency Name:**

**Authorized Agency Representative:**

**Title:**

**Physical Address:**

**Mailing Address (if different than above):**

**Phone:**       **Fax:**

**Email:**       **Web Address:**

**Board President:**

**Population of area served:**

The applicant should designate a point person to work directly with NCA throughout the application process. By working through this one person, communication between the applicant and NCA will be greatly facilitated.

Authorized Agency Representative:

Phone:       Fax:

Email:

**GUIDELINES/CRITERIA (Please answer these questions individually in narrative format.)**

1. Briefly explain your **community’s commitment** to the long-term goal of developing a fully operational Children’s Advocacy Center; include community support, development of the task force, multidisciplinary commitment, etc.
2. Describe the **organizational type** of your agency (for example, non-profit organization, government-based agency, component of a hospital or other non-profit organization)

1. Describe your **facility**. Include whether it is free-standing, shared space, separate space in another agency, etc.

1. Describe your **multidisciplinary team make-up**. Is there representation from: law enforcement, child protective services, prosecution, medical, mental health and victims’ advocacy?

1. Will **medical and mental health services** be provided **on-site or through linkages** with other appropriate providers? If by other appropriate providers, what is (or will be) their relationship to the Children’s Advocacy Center?
2. Is your CAC conducting **case review** on a regularly scheduled basis, and is it attended by all MDT representative disciplines?

1. Describe your agency’s work towards the implementation of the standards for accreditation.

1. In order to process your application for associate membership, a **letter of recommendation** from an NCA chapter in your state is required. This letter must directly reference the applicant’s readiness for associate membership. Please include this letter in your application. You may also include letters of recommendation from Accredited NCA members, a member of the NCA Board of Directors, or the Director of your Regional Children’s Advocacy Center, but these will not supplant the required letter from the NCA chapter.
2. Please attach to your application the **signed interagency agreement and MDT protocols.**

# FEES

An application fee of $400 is required for associate membership. Dues of $400 are assessed annually.

**FOR FUTURE PLANNING**

As a requirement for ongoing membership, all Associate and Accredited Members are required to submit statistical data which covers the number of children seen, their demographics and services provided every 6 months. The deadlines for submissions are July 15th and January 15th. Currently in order to do so you need to fill out an online form in the members section of [www.nca-online.org](http://www.nca-online.org/) or use NCAtrak.

Numerous resources are available to communities seeking to develop a Children’s Advocacy Center. For instance, NCA offers videos and technical assistance packages, grant funds for training, developing and sustaining a CAC, and professional education through its annual Leadership Conference and other national child maltreatment conferences. The Regional Children’s Advocacy Centers (RCACs) are independently operated training and technical assistance resource centers working in partnership with National Children’s Alliance. The RCACs provide many services including consultation and mentoring, specialized training for local communities, community readiness evaluations, and regional conferences and training academies.

The NCA Standards for Accredited Members should be closely consulted when developing a Children’s Advocacy Center and applying for accredited membership.

For more information on these resources, call 202-548-0090.

In order to stay informed about any updates and changes, please visit our website [www.nca-online.org](http://www.nca-online.org/) and check the messages on the listserve. If additional information is needed, you will be contacted within a month of the receipt of your application.

Please e-mail your application to the Program Associate that is assigned to your state. A map with e-mail addresses can be found here: <http://www.nationalchildrensalliance.org/staff-directory>

Please submit your check in the amount of $400 along with the payment remittance form to the address listed below or for credit card payment, please see the instructions at the bottom of the payment remittance form.

**Member Relations**

**National Children’s Alliance**

**516 C Street NE**

**Washington, DC 20002**



**PAYMENT REMITTANCE FORM**

**Agency Information Fiscal Agent Information (if applicable)**Agency Name:       Agent Name:

Address:       Mailing Address:

City:       State:       City:       State:

Zip Code:       Zip Code:        
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Membership:**

New  Existing

**Please select the level of membership your organization currently holds:**

Accredited  Associate/Developing   
Affiliate  Satellite   
Support  Non-member   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Payment**

1. **Application Fee** (*Please list the level of membership your organization is applying for):*

      $

1. **Annual Membership Dues** (*Please list the level of membership for which the dues are for):*

      $

1. **NCAtrak Initial Fee** $
2. **NCAtrak Annual Subscription** $
3. **OMS Subscription for non-members** $

**TOTAL of LINES 1-5** $       (Total) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT INFORMATION** Choose one:   
  
**Credit Card Payment:**  If you wish to pay by credit card, please follow the link to the payment portal at: <http://www.nationalchildrensalliance.org/payment-processing>. If you need additional information regarding this payment, please contact our Accounting department at [accounting@nca-online.org](mailto:accounting@nca-online.org).

**Check Payment:**  Check #:       Check Amount: $