



Application for Agency Membership

All financial information reported in the application is kept confidential within the association's Executive Committee. This information is used to verify financial integrity of the applicant and to ensure a fair and accurate dues structure.

Indicate which membership category you are applying for:

Full Membership:

Non-profit or for-profit agency that provides child welfare, behavioral health, juvenile justice, developmental disabilities or a related services via community based programs and/or out-of-home care. Full membership agencies shall be accredited by one of the following national accrediting bodies: COA, EAGLE, CQL, Joint Commission, or CARF.

Provisional Membership:

An agency that provides the services of a full member agency but is not yet accredited. Provisional members must become accredited within 24 months of provisional membership. Agencies applying for Provisional Membership must have applied with an approved accrediting body, paid the fee and submit proof of payment with their membership application. Upon completion of the accreditation, provisional members shall automatically be deemed the rights of full membership.

Agency Name: _____

Address: _____

Phone: _____

Fax: _____

Names of Owners (For Profit): _____

Executive Director/CEO: _____

Tax ID: _____

Email Address: _____

Website Address: _____

Organization (Check One): Not for Profit For Profit Public

Is the agency accredited or seeking accreditation? Yes No

If yes, by whom? (Please include letter of accreditation) _____

What is the agency vision or mission? (Please provide agency brochure) : _____

What population does the agency serve and approx. number of consumers in each category?

(Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Mental Health-Child
of consumers: _____ | <input type="checkbox"/> I/DD-Child
of consumers: _____ | <input type="checkbox"/> Substance Abuse-Child
of consumers: _____ |
| <input type="checkbox"/> Mental Health-Adult
of consumers: _____ | <input type="checkbox"/> I/DD-Adult
of consumers: _____ | <input type="checkbox"/> Substance Abuse-Adult
of consumers: _____ |
| <input type="checkbox"/> DSS-Child
of consumers: _____ | <input type="checkbox"/> DSS-Adult
of consumers: _____ | <input type="checkbox"/> DJJ
of consumers: _____ |

What funding streams does the agency receive? (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Medicaid/Medicare | <input type="checkbox"/> NC Health Choice | <input type="checkbox"/> IPRS |
| <input type="checkbox"/> IV-E | <input type="checkbox"/> IV-B | <input type="checkbox"/> JCPC Funds |
| <input type="checkbox"/> CASP Funds | <input type="checkbox"/> SS-I | <input type="checkbox"/> SS-D |
| <input type="checkbox"/> Philanthropic Donations | <input type="checkbox"/> Benevolent Dollars | <input type="checkbox"/> Private Insurance |
| <input type="checkbox"/> Other: _____ | | |

In which counties does the agency provide services? (Check all that apply)

- | | | | | | |
|------------------------------------|-------------------------------------|------------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Alamance | <input type="checkbox"/> Catawba | <input type="checkbox"/> Franklin | <input type="checkbox"/> Jones | <input type="checkbox"/> Pamlico | <input type="checkbox"/> Stokes |
| <input type="checkbox"/> Alexander | <input type="checkbox"/> Chatham | <input type="checkbox"/> Gaston | <input type="checkbox"/> Lee | <input type="checkbox"/> Pasquotank | <input type="checkbox"/> Surry |
| <input type="checkbox"/> Alleghany | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Gates | <input type="checkbox"/> Lenoir | <input type="checkbox"/> Pender | <input type="checkbox"/> Swain |
| <input type="checkbox"/> Anson | <input type="checkbox"/> Chowan | <input type="checkbox"/> Graham | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Perquimans | <input type="checkbox"/> Transylvania |
| <input type="checkbox"/> Ashe | <input type="checkbox"/> Clay | <input type="checkbox"/> Granville | <input type="checkbox"/> Macon | <input type="checkbox"/> Person | <input type="checkbox"/> Tyrrell |
| <input type="checkbox"/> Avery | <input type="checkbox"/> Cleveland | <input type="checkbox"/> Greene | <input type="checkbox"/> Madison | <input type="checkbox"/> Pitt | <input type="checkbox"/> Union |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Columbus | <input type="checkbox"/> Guilford | <input type="checkbox"/> Martin | <input type="checkbox"/> Polk | <input type="checkbox"/> Vance |
| <input type="checkbox"/> Bertie | <input type="checkbox"/> Craven | <input type="checkbox"/> Halifax | <input type="checkbox"/> McDowell | <input type="checkbox"/> Randolph | <input type="checkbox"/> Wake |
| <input type="checkbox"/> Bladen | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Harnett | <input type="checkbox"/> Mecklenburg | <input type="checkbox"/> Richmond | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Brunswick | <input type="checkbox"/> Currituck | <input type="checkbox"/> Haywood | <input type="checkbox"/> Mitchell | <input type="checkbox"/> Robeson | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Buncombe | <input type="checkbox"/> Dare | <input type="checkbox"/> Henderson | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Rockingham | <input type="checkbox"/> Watauga |
| <input type="checkbox"/> Burke | <input type="checkbox"/> Davidson | <input type="checkbox"/> Hertford | <input type="checkbox"/> Moore | <input type="checkbox"/> Rowan | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Cabarrus | <input type="checkbox"/> Davie | <input type="checkbox"/> Hoke | <input type="checkbox"/> Nash | <input type="checkbox"/> Rutherford | <input type="checkbox"/> Wilkes |
| <input type="checkbox"/> Caldwell | <input type="checkbox"/> Duplin | <input type="checkbox"/> Hyde | <input type="checkbox"/> New Hanover | <input type="checkbox"/> Sampson | <input type="checkbox"/> Wilson |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Durham | <input type="checkbox"/> Iredell | <input type="checkbox"/> Northampton | <input type="checkbox"/> Scotland | <input type="checkbox"/> Yadkin |
| <input type="checkbox"/> Carteret | <input type="checkbox"/> Edgecombe | <input type="checkbox"/> Jackson | <input type="checkbox"/> Onslow | <input type="checkbox"/> Stanly | <input type="checkbox"/> Yancey |
| <input type="checkbox"/> Caswell | <input type="checkbox"/> Forsyth | <input type="checkbox"/> Johnston | <input type="checkbox"/> Orange | | |

What are your agency's total expenses for the year? _____

* Dues are based on an agency's total operating expense for all services to children, adults and families, including general administration and fundraising, but without depreciation. (Should correspond with audit or financial statement included with application.)



Benchmarks requires three references as part of the application process and prefers that one of the references is a current Benchmarks member. Please submit the following information for each reference:

Reference #1: _____	_____
Agency Name	Contact Person
_____	_____
Telephone #	Email Address
Reference #2: _____	_____
Agency Name	Contact Person
_____	_____
Telephone #	Email Address
Reference #3: _____	_____
Agency Name	Contact Person
_____	_____
Telephone #	Email Address

Please include the following information with this application:

- Most recent annual audit (or most recent 12 mo. audited financial statements)
- Program description (brochure or similar materials)
- Copies of proof of accreditation (Full member)
- Copies of payment to an approved accrediting body (Provisional member)
- Electronic copy of logo and link to website
- Signed copy of [Code of Ethics](#)

As part of the membership process, the signature below indicates an understanding of the rights and responsibilities of association membership. The agency agrees to support the purposes, program and mission of the Benchmarks association.

Signature of Executive Director/CEO

Date

Please submit the completed form and supporting documentation to:
Benchmarks
2609 Atlantic Ave, Suite 105
Raleigh, NC 27604
Attn: Paige Wiggs, Communication & Training Specialist
All electronic information can be submitted to Paige Wiggs at pwiggs@benchmarksnc.org.