



# Membership Application

NCARF...Working Together to Impact Change

NCARF is a professional organization dedicated to assisting its member organizations in the provision of services to individuals with disabilities. NCARF is composed of members representing North Carolina's community rehabilitation programs, Innovations Waiver providers, Supported Employment Vendors and Residential Programs. NCARF's vision is to be the unified voice of quality providers that affect service delivery and impact change.

NCARF's mission is to support quality providers by working together to impact service delivery and system change thru advocacy, training and networking.

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<i>First Name (Primary Contact)</i>	<i>Initial</i>	<i>Last Name (Primary Contact)</i>	<i>Date</i>
<i>Title</i>	<i>Organization</i>		
<i>Email</i>	<i>Telephone</i>	<i>Facsimile</i>	
<i>Street Address or PO Box</i>	<i>City</i>	<u>NC</u> <i>State</i>	<i>Zip Code</i>

Please use the space below to list additional members you would like to receive NCARF communications

<i>Full Name and Title of Executive Director or CEO if not primary contact</i>	<i>Email</i>
<i>Full Name and Title</i>	<i>Email</i>
<i>Full Name and Title</i>	<i>Email</i>
<i>Full Name and Title</i>	<i>Email</i>
<i>Full Name and Title</i>	<i>Email</i>

Please make check payable to NCARF and forward, enclosed with this application to the following address:

**NCARF**  
PO Box 1658  
Boone, NC 28607

**Questions?**  
**Contact** Lauren Spencer  
ncarfinfo@gmail.com  
336-506-2530

## Demographic Information about your Organization

The number of unduplicated individuals served by your organization in fiscal year 2014-2015 \_\_\_\_\_

Please mark all of the program/ services that your organization provides. Please note if you provide to IDD and/or MH/SA.

- |   |   |
|---|---|
| <input type="checkbox"/> State Funded Group Supported Employment<br><input type="checkbox"/> State Funded Individual Supported Employment<br><input type="checkbox"/> B3 Funded Supported Employment<br><input type="checkbox"/> Vocational Evaluation<br><input type="checkbox"/> Vocational Rehabilitation Supported Employment Outcomes<br><input type="checkbox"/> Vocational Rehabilitation Supported Employment Milestones<br><input type="checkbox"/> VR Work Adjustment Job Coaching Milestones<br><input type="checkbox"/> VR Work Adjustment Job Coaching Outcomes<br><input type="checkbox"/> Long Term Vocational Support<br><input type="checkbox"/> Adult Developmental and Vocational Program<br><input type="checkbox"/> Day Activity<br><input type="checkbox"/> Residential Program<br><input type="checkbox"/> Work-First Services<br><input type="checkbox"/> Community College Collaboration<br><input type="checkbox"/> High School Transition Services<br><input type="checkbox"/> Transportation outside of that required by service definitions<br><input type="checkbox"/> Other: _____ | <b>Innovations Waiver</b><br><input type="checkbox"/> Assistive Technologies<br><input type="checkbox"/> Community Guide<br><input type="checkbox"/> Community Networking<br><input type="checkbox"/> Community Transition<br><input type="checkbox"/> Crisis Services<br><input type="checkbox"/> Day Supports<br><input type="checkbox"/> Financial Supports<br><input type="checkbox"/> In-Home Intensive Supports<br><input type="checkbox"/> In-Home Skill Building<br><input type="checkbox"/> Natural Supports Education<br><input type="checkbox"/> Personal Care<br><input type="checkbox"/> Residential Supports<br><input type="checkbox"/> Respite Care<br><input type="checkbox"/> Specialized Consultation<br><input type="checkbox"/> Supported Employment |
|---|---|

Please select all that apply to your organization

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Private Non-profit            | <input type="checkbox"/> CARF Accredited          | <input type="checkbox"/> Consumer-run Business     |
| <input type="checkbox"/> Public Non-profit             | <input type="checkbox"/> COA Accredited           | <input type="checkbox"/> DSB Vendor                |
| <input type="checkbox"/> For Profit Subsidiary         | <input type="checkbox"/> CQL Accredited           | <input type="checkbox"/> ISO Certified             |
| <input type="checkbox"/> Social/Affirmative Enterprise | <input type="checkbox"/> Joint Commission (JACHO) | <input type="checkbox"/> Facility-based Employment |
| <input type="checkbox"/> DHSR Licensed                 | <input type="checkbox"/> WIA/ WIOA                | <input type="checkbox"/> Ability One Contracts     |

How many individuals does your organization employ at or above minimum wage? Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

What was your organization's total operating budget for fiscal year 2014 – 2015? \$ \_\_\_\_\_

In what year was your organization's community rehabilitation program (CRP) established? \_\_\_\_\_

Does your organization hold a 14C subminimum wage certificate? \_\_\_\_\_

If so how many unduplicated individuals received sub-minimum wage in 2014-2015? \_\_\_\_\_

