

**2021-2022
Membership Application**



PA Licensed Legal Entity/Corporation Name

Agency Name

Agency Website

Main Office Street Address

City/State/Zip

PA County of Main Office

Main Office Business Phone Number (with area code)

Name & Title of of Top Agency Point of Contact

Email

Phone

Name of CFO & Title

Email

Phone

Email Address to Process PCCYFS Electronic Invoicing

*Email Address to Receive PCCYFS Surveys

Do You Offer Placement Services? Yes No

If Yes, Please List an Email Address to Receive Requests

Do You Offer Bilingual Support for Spanish Speaking Clients? Yes No

If Yes, Please List an Email Address to Receive Requests

If You Were Referred to PCCYFS, Please List by Whom

Members will have a space on the PCCYFS website where we can hyperlink to your organizations online job postings. If you would like a website to be listed for your agency’s job postings, please provide that specific website address.

Total Number of Employees at PA Operations of Agency (Please Provide an Estimate if You Are Unsure of The Exact Number)

Please Include a Copy of Your Agency's Most Recent Audit. Membership dues are set based on the total operational budgets for all children & family programs within Pennsylvania. Invoices will be e-mailed after review of the application.

Select Payment Schedule

Single: July

Double: July, January

Quarterly: July, October, January, April

Authorized Signature*

Printed Name & Title of Authorized Signature

Date

*The Authorized Signature Acknowledges that the Code of Ethics has Been Reviewed and Obligates the Agency for Payment of Dues up to the Date Written Termination of Membership is Received. As a Responsibility of Membership, Each Agency is Expected to Participate in Surveys and Requests for Information. This Helps PCCYFS to Better Advocate and Represent the Needs of the Private Provider Community. All Member Agencies Must Abide By the Code of Ethics to Protect the Confidentiality of PCCYFS Membership Information and not Share it Outside of Their Organizations. PCCYFS May Share Member Contact Information with Supporting Members, Upon Request. Membership dues are set based on the total operational budgets for all children & family programs within Pennsylvania.

Agency Contacts

Please List the Names & Email of Staff That Would Benefit From Receiving News, Resources and Training Updates From PCCYFS. (Additional Names Can Be Sent in a Separate Email.) Please add PCCYFS@PCCYFS.ccsend.com and the "PCCYFS.org" Domain to Your Safe Senders List to Receive Our Emails.

Name/Title & Email

HR

Training

Programs & Services at Satellite Sites

If your agency offers or manages any of the following services, please briefly share some details in the boxes provided.

Adoption/
Permanency

Behavioral
Health

Community
Based

Education

Foster Care

Juvenile
Justice

Residential

Residential
Community
Living

Does your agency currently provide any Mental Health or Child Welfare Evidence Based Programs?

No

Yes. (Please list them)

Does your agency intend on providing any new/additional Mental Health or Child Welfare Evidence Based Programs over the next year?

No

Yes. (Please list them)

Programs & Services at Satellite Sites

If your agency offers or manages any of the following services, please briefly share some details in the boxes provided.

Site/Office Name

Street Address

City/State/Zip

PA County

Phone + Area Code

Contact Name/Title

Email

Adoption/Permanency

Behavioral Health

Community Based

Education

Foster Care

Juvenile Justice

Residential

Residential
Community
Living

You May Provide Additional Satellite Office Locations and Staff to Receive Email News, Resources and Training Updates by Contacting hbgoffice@pccyfs.org. **Email This Completed Form to hbgoffice@pccyfs.org or mail to PCCYFS, 3425 Simpson Ferry Road, Suite 201, Harrisburg, PA 17011**

2021-2022 Membership Application Instructions



APPLICATION FOR MEMBERSHIP

The PCCYFS membership year is July 1 through June 30. Each member agency is asked to complete an annual application to provide PCCYFS with the most updated information to receive information on events, resources, training and advocacy. Member agencies (providers of human services) will be invoiced after PCCYFS receives both a completed application and a recent agency audit.

Submit your application form to hbgoffice@pccyfs.org. If so desired, members may fill out a hardcopy of the application and mail it to PCCYFS, 3425 Simpson Ferry Road, Suite 201, Camp Hill, PA 17011.

GRADUATED DUES ASSESSMENT *No Dues Increase for Fiscal Year 21/22!*

For agencies with a total operating budget including management and general expenses of less than \$7.5 million, the dues millage assessment remains at .155% (.00155) of an agency's expenses for **all** children, youth and family services for the most recent fiscal year. This includes all programs related to children, youth and family work in PA including: child welfare, juvenile justice, children's mental/behavioral health and education dollars (adult services and child daycare are excluded from the dues assessment.) Minimum dues are \$450 for any agency with any operating budget below \$350,000. Maximum dues for agencies with budgets totaling \$7.5 to \$10 million are \$11,625. An additional \$250 is assessed for operating budgets between \$10 to 20 million and for each \$10 million thereafter. The scope of supports delivered through PCCYFS includes the full array of services needed by at-risk children and youth. These include: behavioral health, education, child welfare and juvenile justice - all of which provide an integrated approach to membership services. This dues calculation method is necessary to fund PCCYFS operations and provide equity across the diverse composition of its members.

METHOD OF CALCULATION/PAYMENT

On the Membership form, please indicate the total annual operating expenses for children, youth and family services as reflected on the most recent fiscal year audit. Dues are based on the most recently completed fiscal year. Each agency must submit a copy of the most recent audit to support the calculations with their membership application. PCCYFS will calculate the dues and invoice agencies based on the payment method/schedule selected. If an Agency's current fiscal year's operating expenses are significantly different from the most recently completed audit, dues will be calculated based on the actual operating expenses indicated on the renewal application if supported by other documentation. A new audit supporting the difference in operating expenses must be submitted as soon as it is completed to support this change.

RESPONSIBILITIES OF MEMBER AGENCIES

Provider members are expected to abide by the PCCYFS Code of Ethics, respond to requests for survey data to accurately represent the aggregate experiences of the provider community and to protect the value of membership by not disseminating information generated by PCCYFS outside their agency.