



Provider Membership Application

PA Licensed Legal Entity/Corporation Name:

Agency Name:

Address:

Agency Website:

PA County of Main Office:

Point of Contact First Name

Point of Contact Last Name:

Point of Contact Title:

Point of Contact Email:

Point of Contact Phone:

CFO First Name:

CFO Last Name:

CFO Email:

CFO Phone:

Program Director First Name:

Program Director Last Name:

Program Director Email:

Program Director Phone:

Electronic Invoicing Email Address:

PCCYFS Survey Email:

Offer Placement Services?: yes no

Placement Services Email:

Referred By:

Job Postings URL:

Total PA Employees:

Payment Schedule:

Single: July

Double: July, January

Quarterly: July October, January April

Adoption/Permanency Services: yes **no**

Adoption/Permanency Services Description:

Post Adoption Services: yes **no**

Post Adoption Services Description:

Behavioral Health Services: yes **no**

Behavioral Health Services Description:

Community Based Services: yes **no**

Community Based Services Description:

Education Services: yes **no**

Education Services Description:

Foster Care Services: yes **no**

Foster Care Services Description:

Juvenile Justice Services: yes **no**

Juvenile Justice Services Description:

Residential Services: yes **no**

Residential Services Description:

Refugee Services: yes **no**

Refugee Services Description:

Residential Community Living: yes no

Residential Community Living Description:

Mental Health or Child Welfare Evidence Based Programs: yes no

Mental Health or Child Welfare Evidence Based Programs Description:

Upcoming Mental Health or Child Welfare Evidence Based Programs: yes no

Upcoming Mental Health or Welfare Evidence Based Programs: Description:

Populations Served:

Male	Female	LGBTQ+	Spanish Speaking	Dependent – CYS
Delinquent - JPO		Autistic	Intellectual Disability	Mental Health
Substance Use Disorder		Transitional Age 18+	Early Intervention	Sexual Offenders
Sexual Abuse Victims		Fire Setting	Trauma	Hearing Impaired
Physical Disabilities		Medically Fragile	Physically Aggressive	
Human Trafficking Victim		Other		

Describe Other Populations Served:

Ages Served:

Licenses Granted:

MCO's Contracting With:

Community Care Behavioral Health (CCBH)

Magellan Behavioral Health of PA

PerformCare

Other MCO's Contracted With:

Community Behavioral Health (CBH)

Beacon Health Options of PA

Other

Counties Served (Please List All):

Authorized Signature*:

Please Print 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 and family programs within Pennsylvania.