



... providing more than  
40 Years of Advocacy

**Membership Application**  
**Louisiana Association of Children & Family Agencies**  
**P.O. Box 77284, Baton Rouge, LA 70879**  
**1.866.214.4916 OR [www.lacfa.org](http://www.lacfa.org)**

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Executive Director/CEO: \_\_\_\_\_

ED/CEO Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website URL: \_\_\_\_\_

Check one:  Private Nonprofit  Private For-Profit

Services Provided by Agency:

State Licenses Held by Agency: \_\_\_\_\_

If nationally accredited, accreditation held: \_\_\_\_\_

*Are you accredited or seeking accreditation? Did you know that LACFA Member Agencies are eligible for a 25% discount on accreditation & re-accreditation fees with the nationally esteemed accrediting body, COA, the Council on Accreditation?*

For advocacy and data collection purposes, please provide the following information about your agency.

Total # of people receiving services annually \_\_\_\_\_ Indicate timeframe \_\_\_\_\_

of the total # of children &/or their families receiving services annually \_\_\_\_\_ Timeframe \_\_\_\_\_

**Please submit most recent annual report or provide link to annual report.** \_\_\_\_\_

**Please select areas of interest** – Advocacy, Public Policy, Membership Development, Meetings, Training, or list other areas that are of interest to you and/or your staff:

Areas of Interest:

Names:

Emails:

Phone #s:

Please complete both pages for your agency & submit to [jill@lacfa.org](mailto:jill@lacfa.org) or mail to  
LACFA, P.O. Box 77284, Baton Rouge, LA 70879

Person Completing Application: \_\_\_\_\_

Position: \_\_\_\_\_ Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Check children and family services provided by your agency:**

FFT  Homebuilders  MST  CPST  PSR

Out-Patient Mental Health  Mental Health Rehab (Children & Families)

Independent Living Skills Building/Training  Parent/Youth Support & Training

Care in a Family Setting/*circle*: D & A, Host, TFC, Respite, Crisis Care

Shelter  Supervised Apartment Living  PRTF  Therapeutic Group Home  Transitional Living

Non-Medical Group Home  Residential  Detention  Adolescent Substance Abuse Facility

Reintegration  Street Outreach  Tracking  Youth Mentoring  Youth Day Treatment

Family Support Organization  Wrap-Around Agency

Other services for children/families not listed above. *Describe:* \_\_\_\_\_

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**Membership Dues for LACFA**

Figures are based on Income/Expense for children, youth through young adulthood, and family services provided by your agency. Reported figures are from **previous fiscal year**, July 1- June 30.

**Include an annual report or IRS tax report.**

Actual Revenue (Include governmental, grants, private contributions): \_\_\_\_\_

Actual Expenses: \_\_\_\_\_

*Dues are based on whichever figure is less.*

<b>Actual Revenue/Expenses</b>	<b>Annual Dues</b>
\$ up to \$249,999	\$300
\$250,000-\$800,000	\$500
\$801,000-\$1,000,000	\$800
Over \$1,000,000	\$1,000
Individuals <i>(list names with contact information)</i> <i>(Limited to employees of member agencies.)</i>	\$50

**Dues are payable to LACFA**

**Submit dues to LACFA, P.O. Box 77284, Baton Rouge, LA 70879**

*Please contact the office at 866-214-4916, if you are having financial constraints.*