



CHILDREN'S ADVOCACY CENTERS OF GEORGIA

Application for Full Membership

Application Date:

Children's Advocacy Center Name:

Organizational entity/fiscal agent (if different):

Counties served with multidisciplinary team(s):

In what Judicial Circuit do you provide complete CAC services?

Name and Title of Director or Contact Person:

Address:

Address:

City:

State:

Zip Code:

Phone:

Fax:

E-mail:

In submitting the enclosed information, we believe we have met all of the standards for CACGA Full Membership. We have a safe, designated, child-friendly facility where investigative interviews and evaluations are conducted and ancillary services are provided. Our multidisciplinary team meets at least monthly.

We pledge our continued support of CACGA and will be actively involved in quarterly Director's meetings, Committees work, and CAC Day.

Center CEO
or
Center Director

Board President
or
Agency CEO

SECTION A: QUESTIONS

Please provide concise but complete answers to the following questions based on the standards for full membership in with CACGA. Your answers to all eleven of the following questions should be contained to no more than 3 typed pages in a font size of at least 10.

1. Describe your Center's governance. Are you a private non-profit or government-based agency?
2. How has the Center documented the specifically stated purpose of providing services for children in cases of suspected child sexual abuse?
3. When was the interagency agreements incorporated or the child abuse protocol signed?
4. Describe the Center's multidisciplinary team and how the team functions. How often, when and where does the team meet? Who coordinates the team meeting? Describe your case review process.
5. Describe the Center's safe, designated, child-friendly facility where investigative interviews and evaluations are conducted and ancillary services are provided?
6. List Center staff, date employed, function, and time commitment to these activities.
7. Detail how the Center provides mental health services and medical exams.
8. Detail opportunities provided for specialized training for multidisciplinary team members?
9. When did you begin recording, in the CACGA Case Tracking System all children served?
10. When did the multidisciplinary team begin reviewing cases?
11. Briefly describe how you will utilize the funds provided by CACGA.
12. Describe your Centers involvement in CACGA activities including, quarterly Director's meetings, Board of Director's meeting and Committees meetings, and CAC Day.

SECTION B: DOCUMENTATION

Please provide the following documentation along with your completed application.

- ___ Attachment 1: Articles of Incorporation, if relevant
- ___ Attachment 2: By Laws, if relevant
- ___ Attachment 3: 501(c)3 letter from IRS, if relevant
- ___ Attachment 4: Georgia Secretary of State letter of incorporation, if relevant
- ___ Attachment 5: List of Board of Directors, with affiliations, if relevant
- ___ Attachment 6: Copy of interagency agreements or signed local child abuse protocol with tab and highlights mentioning the CAC (Do not include both.)
- ___ Attachment 7: CAC floor plan and 1-page of color photographs of inside & outside of the Center
- ___ Attachment 8: Mentorship Documentation, if relevant
- ___ Attachment 9: The original and two copies of the Application's cover page
- ___ Attachment 10: Three copies of your response to questions in Section A

SECTION C: FEES

Please attach your application fee of \$150.00 and one year's membership dues of \$100.00. The check should be payable to Children's Advocacy Centers of Georgia, Inc. If your membership is not accepted, your membership dues of \$100.00 will be returned.

SECTION D: SITE VISIT

A site visit by selected members of the Standards, Membership and Mentoring Committee is a part of the Full Membership application process. Once the application and documentation have been received and reviewed by the Committee, and it appears to the Committee that basic requirements for full membership status have been met, a site visit will be scheduled with the center on a day when the when the multidisciplinary team is scheduled to meet.



CHILDREN'S ADVOCACY CENTERS OF GEORGIA

Application for Associate Membership

Application Date:

Children's Advocacy Center Name:

Organizational entity/fiscal agent (if different):

Counties served:

Judicial Circuit:

Name and Title of Director or Contact Person:

Address:

Address:

City:

State :

Zip Code:

Phone:

Fax:

E-mail:

In submitting the enclosed information, we believe we have met all of the standards for CACGA Associate Membership. We have identified at least two possible locations for safe, designated, child-friendly facility where investigative interviews and evaluations could be conducted and ancillary services provided. We have a written, local interagency agreement signed by, at a minimum, representatives of law enforcement, prosecution, and DFACS.

Our one-year development plan includes a designated, accessible staff person assigned solely to the operation of the program for a minimum of 20 hours per week within six months.

We will be an active partner in the CACGA Mentoring Program and CACGA quarterly Director's meetings, Board of Director's Committee work, and CAC Day.

Center CEO
or
Center Director

Board President
or
Agency CEO

SECTION A: QUESTIONS

Please provide concise but complete answers to the following questions based on the standards for Associate Membership with CACGA. Your answers to all five of the following questions should be contained to no more than 4 typed pages in a font size of at least 10.

1. Describe your governance structure. Are you a private non-profit or government-based agency?
2. When was the interagency agreements incorporated or the child abuse protocol signed?
3. Detail your one year development plan and timeline which includes having designated, accessible staff assigned solely to the operation of the program for a minimum of 20 hours per week within six months
4. Detail your annual budget which includes funds to send a representative to all CACGA quarterly meetings, visits at least two Full CACGA Member Centers, participate in the CACGA Mentoring Program, and purchase a CACGA approved Case Tracking System.
5. Describe two potential locations for safe, designated, child-friendly facility where investigative interviews and evaluations could be conducted and ancillary services provided

SECTION B: DOCUMENTATION

Please provide the following documentation along with your completed application.

- ___ Attachment 1: Articles of Incorporation, if relevant
- ___ Attachment 2: By Laws, if relevant
- ___ Attachment 3: 501(c)3 letter from IRS, if relevant
- ___ Attachment 4: Georgia Secretary of State letter of incorporation, if relevant
- ___ Attachment 5: List of Board of Directors, with affiliations, if relevant
- ___ Attachment 6: Copy of interagency agreements or signed local child abuse protocol with tab and highlights mentioning the CAC (Do not include both.)
- ___ Attachment 7: Mentorship Documentation, if relevant
- ___ Attachment 8: The original and two copies of the Application's cover page
- ___ Attachment 9: Three copies of your response to questions in Section A

SECTION C: FEES

Please attach your application fee of \$50.00 and one year's membership dues of \$50.00. The check should be payable to Children's Advocacy Centers of Georgia, Inc. If your membership is not accepted, your membership dues of \$50.00 will be returned.



CHILDREN'S ADVOCACY CENTERS OF GEORGIA

Application for Developing Membership

Application Date:

Name:

Organizational entity/fiscal agent (if different):

County served:

Name of Contact Person:

Address:

Address:

City:

State:

Zip Code:

Phone:

Fax:

E-mail:

In submitting the enclosed information, we believe we have met all of the standards for CACGA Developing Membership. We will be exploring the development of a Children's Advocacy Center.

We have a local interagency agreement to explore the feasibility of establishing a CAC signed by law enforcement, prosecution, and DFACS.

We have a one-year development plan and an approved CACGA fiduciary agent. We will be an active partner in the CACGA Mentoring Program and CACGA quarterly Director's meetings, Committees work, and CAC Day.

Contact
or
Program Director

Board President
or
Fiduciary Agent

SECTION A: QUESTIONS

Please provide concise but complete answers to the following questions based on the standards for Developing membership with CACGA. Your answers to all four of the following questions should be contained to no more than 3 typed pages in a font size of at least 10.

1. Describe your governance structure or fiduciary agent. Are you a private non-profit or government-based agency?
2. When was the local interagency agreements to explore the feasibility of establishing a Children's Advocacy Center signed?
3. Detail your one year development plan and timeline.
4. Detail your annual budget which includes funds to send a representative to all CACGA quarterly meetings, visits at least two Full CACGA Member Centers, and participation in the CACGA Mentoring Program.

SECTION B: DOCUMENTATION

Please provide the following documentation along with your completed application.

- ___ Attachment 1: Articles of Incorporation, if relevant
- ___ Attachment 2: By Laws, if relevant
- ___ Attachment 3: 501(c)3 letter from IRS, if relevant
- ___ Attachment 4: Georgia Secretary of State letter of incorporation, if relevant
- ___ Attachment 5: List of Board of Directors, with affiliations, if relevant
- ___ Attachment 6: Copy of interagency agreements
- ___ Attachment 7: The original and two copies of the Application's cover page
- ___ Attachment 8: Three copies of your response to questions in Section A

SECTION C: FEES

Please attach your application fee of \$50.00 and one year's membership dues of \$50.00. The check should be payable to Children's Advocacy Centers of Georgia, Inc. If your membership is not accepted, your membership dues of \$50.00 will be returned.