



Children's Advocacy
Centers of Georgia

Application for New Full Membership

*Please answer all questions below and submit form signed by appropriate individual.
Please submit dates of MDT meetings to CACGA office by February 1st.*

Application Date: _____

Name: _____

Organizational entity/fiscal agent (if different): _____

Official County/ Counties served with Interagency Agreement or Signed Protocol:

Judicial Circuit(s) : _____

Name and Title of Contact Person: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____ Web Address: _____

Name of Board Member Attending Previous Quarterly Member Center Meetings:

_____ Date Attended: _____

_____ Date Attended: _____

Organizational Structure

Is the Center:

1. A stand alone private, non-profit 501 (c) 3 agency Yes _____ No _____
2. Other? Yes _____ No _____

If yes, please specify: _____

Name of Center: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name of Director: _____

A. Staff:

List all current paid staff positions at the Centers:

Position:

_____	Full-time _____	Part-time _____
_____	Full-time _____	Part-time _____
_____	Full-time _____	Part-time _____
_____	Full-time _____	Part-time _____
_____	Full-time _____	Part-time _____
_____	Full-time _____	Part-time _____

B. Facility

Describe the facility in which the center is located. Include information regarding the approximate square footage, free-standing site or if it is part of a larger complex or facility. If it is a commercial or

residential site, if it is currently handicap accessible, if it is owned or leased by the center, room configuration (i.e. number of interview rooms, administrative offices, therapy or medical exam rooms, etc.).

C. Case Load

How many child interviews does the Center anticipate providing annually in the first two years of operation? _____

What types of victims will you serve (e.g. child sexual abuse, child physical abuse, etc)?

Please provide any additional statistical or anecdotal information below indicative of the projected number of child clients and types of victims who will be served by the Center in the year(s) ahead?

D. Program Components

- 1. Briefly describe the Center's plans for facilitating and ensuring joint, coordinated investigative and prosecutorial efforts involving child abuse cases. This summary should include information about communication and information sharing between the CAC, DFCS, law enforcement, and prosecution; the role of investigating agencies and prosecutors in the interview process; how agencies are informed of new intakes received by other agencies, etc....**
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2. **Briefly describe the Center's plans to conduct case review/ case staffing meetings with the multidisciplinary team. This summary should include information pertaining to the frequency of case reviews/staffing meetings, where meetings will be held; who will participate in meetings; who will facilitate case meetings; and what if any, method of documenting tasks discussed at meetings will be used; etc..**

3. **Briefly describe the Center's plans to provide mental health services for children and supportive family members. This summary should include information whether therapy will be provided on-site or through referrals to outside agencies or providers; will therapy services be restricted to primary victims or will non-offending family members and child crime witnesses be eligible for these services as well; what level or type of specialized training/credentials will mental health professionals providing these services have in the field of child abuse.**

4. **Briefly describe the Center's plans to provide specialized medical assessment and treatment services for children. This summary should include information pertaining to whether or not sexual abuse and other medical exams will be conducted on-site or referred to outside agencies and/or individual providers; how and when children will be referred for such services; how medical providers will be compensated for services; what level or type of specialized training/credentials do/will medical professionals have in the field of child abuse, etc...**

5. **Briefly describe the Center's Plans for collecting data in the MDTIS system. This information should include the methodology for collecting the required information, who will collect his information and which individuals will be required to enter data into the system.**

6. **Detail opportunities provided for specialized training for multidisciplinary team members?**

E. Budget and Income

1. Center's projected annual budget \$ _____
2. If umbrella organization, enter CAC Program's projected annual budget for the same period:
\$ _____.
3. List major sources of income for the center for the last year including grants, private donations, corporate sponsorships, partner agency participation, etc.. and indicate approximate amount.

Revenues Received
Jan 1 – Dec 31st previous year

Revenues Received and Anticipate
Jan 1st – Dec 31st year of application

Source	Amount	Source	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	_____	TOTAL	_____

In submitting the enclosed information, we believe we have met all of the standards for CACGA Full Membership.

We pledge our continued support of CACGA and will be actively involved in quarterly Member Center meetings, committees, CACGA sponsored conferences, and CAC Legislative Day.

Center CEO
or
Center Director

Board President
or
Agency CEO

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
- ___ Attachment 5: Georgia Secretary of State Charity Registration
- ___ Attachment 6: List of Board of Directors, with affiliations
- ___ Attachment 7: Copy of signed interagency agreements or signed local child abuse protocol with tab and highlights mentioning the CAC (Do not include both.)
- ___ Attachment 8: CAC floor plan and 1-page of color photographs of inside & outside of the Center
- ___ Attachment 9: Mentorship Documentation, if relevant
- ___ Attachment 10: The original and two copies of the Application's
- ___ Attachment 11: Dates of MDT meetings for the period March 1st - June 28th (**submit by February 1st**)
- ___ Attachment 12: USB drive containing required documents for site review – format will be provided

SECTION C: FEES

Please attach your application fee of one year's membership dues of and a Technology Assessment fee of **\$700.00**. 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 review by selected members of the Center and Membership Development 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 review will be scheduled with the center on a day when the multidisciplinary team is scheduled to meet.