



Alliance for the Betterment of
Citizens with Disabilities

Empowering People: Providers Shaping Policies

Application for Early Intervention Provider Association Membership

Agency Contact Information		
Name of Organization:		Date:
Executive Director:		
Address:		
City:	State:	Zip:
Telephone:	Telephone #2:	
Fax:	Email:	
EI Program Director:		
Address (if different than Executive Director)		
City:	State:	Zip:
Telephone:	Telephone #2:	
Fax:	Email:	

Program Description	
Comprehensive Program?	Yes No
EI Vendor?	Yes No
How many children/families do you serve? *	

*Will be used to establish due's structure – based on the children/families served as reported to the Department of Health in the December 1 Child Count each year.



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EIPA Dues Structure
\$6,357 Maximum per year (500 families or more)
\$4,238 per year (between 251 families and 499 families)
\$2,649 per year (between 150 families and 250 families)
\$1,590 per year (between 91 families and 149 families)
\$795 Minimum per year (90 families or less)

ABCD — EIPA Membership Agreement:

ABCD’s Mission

The mission of ABCD, an association of social service agencies, is to affect the development and implementation of public policy and to support the member organizations whose specific purpose is to improve the lives of people with complex physical and developmental disabilities so that they can achieve the highest level of purpose and dignity.

1. Does your agency actively support the Mission of ABCD? Yes No
2. Responsibilities of Membership *(please initial after each responsibility)*

ABCD – Early Intervention Provider Association (EIPA) membership is open to New Jersey EI providers (nonprofit and for profit). EIPA members are not full members of ABCD and may expect only the benefits of membership in the EIPA not within ABCD.

- All EIPA Member Organizations shall sign an agreement to actively provide mutual assistance to one another and the ABCD staff _____

- Each EIPA Member Organization will designate a senior staff person, preferably the Early Intervention Administrator, to represent the Member Organization in all activities of the ABCD EIPA including attendance at regular, annual, special, and committee meetings. _____

- Each EIPA Member Organization will also designate senior staff member(s) to represent the Member Organization at forums and training opportunities provided by the ABCD EIPA. _____



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- All Member Organizations will provide input and information to ABCD on a routine and emergent basis including, (1) key topics and issues, (2) service needs within the EIPA Member's geographic confines, and (3) areas which directly or indirectly impact Member Organizations, or the individuals with disabilities and their families served by the Members

As the Executive Director of _____, I am applying to become a member of the ABCD Early Intervention Provider Association. In doing so, I make full assurances that _____ is committed to the ABCD Mission. I understand that the calculation of dues is based on a full fiscal year (July 1 to June 3). Full payment is the obligation of the member agency and is non-refundable. We pledge to make our dues payments in a timely manner based on the identified payment schedule. I also recognize _____ as our agency's Early Intervention Provider Association Member Representative and I assure that they will uphold the membership responsibilities outlined above.

Signature

Date

Return this Application by e-mail to Cathy Chin, Executive Director:

ABCD
127 Route 206, Suite 26
Hamilton, NJ 08610

E-mail: Admin@abcdnj.org