



Alliance for the Betterment of
Citizens with Disabilities

Empowering People: Providers Shaping Policies

127 Route 206, Suite 26, Hamilton, New Jersey 08610

Phone: 609-581-8375

[Email: Admin@abcdnj.org](mailto:Admin@abcdnj.org)

Support Coordination Alliance Membership Application

The Alliance for the Betterment of Citizens with Disabilities (ABCD) thanks you for your interest in joining us in our mission. We strive to provide our members with the highest quality service. We look forward to working with your agency.

ABCD's Mission

The mission of ABCD is to: 1) influence the development and implementation of public policy; and 2) support its members, in improving the lives of people with complex physical and neurological developmental disabilities so they can achieve the highest level of purpose and dignity.

Agency Contact Information		
Name of Organization:		Date:
Executive Director:		
Address:		
City:	State:	Zip:
Telephone:	Telephone #2:	
Fax:	Email:	

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

ABCD
127 Route 206, Suite 26
Hamilton, NJ 08610

E-mail: Admin@abcdnj.org



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Support Coordination Contact		
Support Coordination Director/Supervisor:		
Address:		
City:	State:	Zip:
Telephone:	Telephone #2:	
Fax:	Email:	
Program Description		
In what counties do you provide Support Coordination?	What additional services does your organization provide?	
What is the revenue shown on your 990 Form?*		
+		

*Will be used to establish dues

Support Coordination Alliance Dues Structure			
Revenue as Shown on 990	Dues	Revenue as Shown on 990	Dues
\$10 Million +	\$4,238	\$2,000,000- \$3,999,999	\$2,119
\$8,000,000 - \$9,999,999	\$3,709	\$500,000 - \$1,999,999	\$1,590
\$6,000,000 - \$7,999,999	\$3,178	Under \$500,000	\$1,059
\$4,000,000 - \$5,999,999	\$2,649		



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ABCD — Support Coordination Alliance Membership Agreement:

1. Does your agency actively support the Mission of ABCD? Yes No
2. What you will receive as a Member of the Support Coordination Alliance:

ABCD-Support Coordination Alliance membership is open to all providers operating in New Jersey (nonprofit and for profit) who are qualified to serve individuals with intellectual/developmental disabilities in NJ. Support Coordination Alliance members are not full members of ABCD and may expect only the benefits of membership in the Support Coordination Alliance not within ABCD.

- Membership driven organization which meets monthly, with agenda items proposed by the membership, to enhance the delivery of support coordination in the state.
- Information shared and discussed at meetings and electronically. Discussion of policy and other issues impacting providers of support coordination related to the Division of Developmental Disabilities (DDD).
- Development of policy recommendations to DDD and other State agencies on issues of importance to support coordination agencies serving people with intellectual and developmental disabilities.
- Meetings to advocate for Support Coordination providers with high level officials at the Division of Developmental Disabilities, the Department of Human Services, and other state Departments impacting people with developmental disabilities.

3. Responsibilities of Membership *(please initial after each responsibility)*

- All SCA Member Organizations agree to actively provide mutual assistance to one another and the ABCD staff.
- Each SCA Member Organization will designate either the Executive Director or a senior staff person to represent the Member Organization in all activities of the SCA including attendance at regular, special, or subcommittee meetings.
- All SCA 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 SCA Member's geographic confines, and
 3. Issues which directly or indirectly impact Member Organizations, or the individuals with disabilities and their families served by the Members.



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As the Executive Director of _____, I am applying to become a member of the ABCD Support Coordination Alliance. In doing so, I make full assurances that _____ is committed to the ABCD Mission. I understand that the dues calculation is based on a full fiscal year (July 1 to June 30). Dues remain the obligation of the member agency and are non-refundable. We pledge to make our dues payments in a timely manner. I also recognize _____ as our agency's Support Coordination Alliance Representative and I assure that she/he will uphold the membership responsibilities outlined above.

Signature

Date

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