



AFFILIATION APPLICATION
(Revised December 2014)

CENTER INFORMATION

IMPORTANT: If the organization operates more than one center location, photocopy pages one and two and complete separately for each location.

Date of Application: _____

Date this center location was opened: _____

If not yet opened, proposed date of opening: _____

Is this a main center or branch/satellite location? Main Branch/Satellite

If main, how many branch/satellite locations are connected to this organization? _____

Center Name: _____

Mailing Address (PO Box): _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone-Business: _____ Fax: _____

Corporate E-mail (if applicable): _____

Corporate Website (if applicable): _____

Client Website (if applicable): _____

DIRECTOR INFORMATION

Director Name: _____

E-mail Address: _____

Date Hired: _____ Number of hours worked per week: _____

Check Appropriate Employee Status for Director:

Exempt Employee

Non Exempt

OFFICE USE ONLY

Application Rec'd: _____ Payment Rec'd: _____ Check #: _____

Prov. Aff. Payment Rec'd (if applicable): _____ Check #: _____

Affiliation Fee: _____ Date Affiliation Approved: _____ Center ID # _____

ORGANIZATIONAL INFORMATION

Legal Name of Organization: _____

Is this organization a legally recognized nonprofit entity? No Yes
Date of Incorporation: _____

If no, is this organization operating as a ministry arm of a legally recognized nonprofit entity such as a church? No Yes

Has the organization received 501(c)(3) tax exempt status with the IRS?
 Yes No Pending If pending, date of application to IRS: _____

What is the approximate annual income of the organization? \$_____

Does your center have the following insurance coverage?

General Liability: Yes No
Name of Provider: _____
Professional Liability: Yes No
Name of Provider: _____

CENTER SERVICES

How many hours per week is the center open for clients? _____

SERVICES PROVIDED:

Pregnancy Tests _____
 Lay or Peer Counseling _____
 Other Services: _____

MEDICAL SERVICES PROVIDED (IF APPLICABLE):

On-site Ultrasounds _____
 STI/STD Tests/Testing _____
 Other Medical Services: _____

IF THE CENTER PROVIDES ANY MEDICAL SERVICES, PLEASE ANSWER THE QUESTIONS BELOW:

- 1. Does the center offer medical services under the direction of a licensed physician who is in good standing within your state?
1. Yes No
- 2. Are all medical services, including ultrasound services, *only* provided by trained medical professionals?
2. Yes No
- 3. Does the center carry medical malpractice insurance?
3. Yes No

WHAT PROCEDURE IS USED FOR ADMINISTERING PREGNANCY TESTS?

Self-administered by clients Administered by medical staff Other

If other, please explain: _____

If not self-administered by clients, does your center have a Clinical Laboratory Improvement Act (CLIA) waiver? Yes No

BOARD INFORMATION

List the following information for each board member (use separate sheet if needed):

1. Name
3. Occupation

2. How long served
4. Church denomination

Board Chair:

Board Chair Phone: _____

Board Chair Email: _____

Vice Chair:

Secretary:

Treasurer:

Board Member:

Board Member:

Board Member:

Board Member:

OTHER AFFILIATIONS

Check affiliation organizations to which the center is a current member:

Heartbeat International NIFLA Other: _____

FOR DEVELOPING CENTERS ONLY

For centers that have not yet opened to clients, or have been opened for less than 12 months, please include a copy of the following with the application:

- 1. Articles of Incorporation
- 2. Bylaws
- 3. Mission Statement
- 4. Brief description of professional services you used to develop parts #1 - #3 above (i.e. attorney, accountant, etc.)
- 5. Current Budget (approved by Board of Directors)
- 6. Director's Job Description
- 7. Director's Resume
- 8. Organizational Chart
- 9. Facility Diagram (this can be hand drawn; please include room layout and door placement)
- 10. Training Overview: (include specific details about the training the director, staff, and volunteers have received in regards to operations and peer counseling services. Please include dates, curriculum, trainer name, and other details of training.)

MAIL COMPLETED APPLICATION AND SIGNED AGREEMENT TO:

Care Net
Center Services
44180 Riverside Parkway, Suite 200
Lansdowne, VA 20176
703-554-8735- Fax

AFFILIATION FEES

Month of Affiliation	Amount
January – March	\$225
April – June	\$170
July – September	\$115
October - December	\$60

PLEASE NOTE: YOU WILL BE INVOICED FOR THE APPROPRIATE AFFILIATION FEE AFTER YOUR APPLICATION HAS BEEN APPROVED BY CARE NET. PLEASE DO NOT SEND A CHECK UNTIL AFTER YOU ARE INVOICED.

QUESTIONS?

Email us at info@care-net.org or call 703-554-8753



AFFILIATION AGREEMENT

Revised February 2013

This agreement is made this _____ day of _____, 20____ by
and between Care Net and _____ (hereinafter "Center").
Name of Pregnancy Center Organization

In consideration of their mutual promises, the parties agree:

1. While affiliated with Care Net, Center will fully comply with each standard set forth in the Care Net Pregnancy Center Standards of Affiliation as of January 2013 and any amendments thereto.
2. While affiliated with Care Net, Center agrees to fully adhere to and to conduct all center activities in accordance with the principles set forth in the Care Net Commitment of Care and Competence and any amendments thereto.
3. While affiliated with Care Net, Center agrees to concur with each and every affirmation set forth in the Care Net Statement of Faith. Pregnancy center will not engage the services of any board member, director or volunteer who does not concur with the Care Net Statement of Faith.
4. While affiliated with Care Net, Center will submit to Care Net on an annual basis and in accordance with such deadlines established by Care Net a Certificate of Compliance, Pregnancy Center Statistical Report and annual affiliation fee.
5. Center is a legally recognized nonprofit entity, or is operating as a ministry arm of a legally recognized nonprofit entity such as a church.
6. Care Net will extend to Center all affiliation benefits during the time that Center's affiliation status remains in good standing.
7. The Center carries both general and professional liability insurance as well as medical liability when offering medical services (including ultrasounds, STD/STI tests, etc.).
8. The Center will notify Care Net about any pending litigation or investigations involving the center.
9. This is to certify that each board member and center director of our organization has had an opportunity to carefully review the Care Net Standards of Affiliation, the Care Net Statement of Faith and the Care Net Commitment of Care and Competence. Upon such review, we hereby certify that all of the pregnancy center operations and activities of our organization will be conducted in full compliance with such standards and principles during such time that our organization remains affiliated with Care Net.

By *signing and submitting this application, the applicant center certifies that understands that it is a legally separate and distinct entity from Care Net. The applicant center also acknowledges and agrees that approval of its affiliation application and its affiliation membership with Care Net do not create property rights of any kind or form, nor do they create an agency relationship or any other legal relationship with Care Net. Additionally, the applicant center agrees it may withdraw its affiliation membership (without refund) from Care Net at anytime and for any reason by contacting Care Net and requesting that its membership be terminated. Care Net reserves the right to revoke or deny the affiliation status of Center if Care Net determines, in the exercise of its sole discretion, that such action is warranted for any reason including, but not limited to, the failure of Center to abide by Care Net affiliation standards. This agreement shall be deemed to be executed within the Commonwealth of Virginia and shall be governed by Virginia law.*

Board Chair Signature **Date**

Executive Director Signature **Date**

Care Net Signature **Date**