

Regular TCA Membership Application

THERAPEUTIC COMMUNITIES OF AMERICA
Application for Regular TCA Membership

Name of Applicant Agency: _____

Street Address: _____

P.O.Box: _____

City/State/Zip Code: _____

Web Site: _____

Agency Category:

Private, non-profit State/County Agency

Private, for profit Other (Specify) _____

Chief Executive Officer/Title: _____

Designated Representative/Title: _____

Phone: _____ Fax: _____ Email: _____

What year did you agency begin operating as the program you are applying under? _____

Name(s) and Location(s) with Zip Codes of your Therapeutic Community Based Program(s):

Modalities/Capacity: Enter all service categories and capacities offered by your agency:

Special Programs: Indicate all populations served by special programs:

	<u>Slots</u>	<u>No. Of clients per year</u>	<u>Average length of stay</u>
Hospital Inpatient			
Partial/day Hospital			
Residential rehab (non-TC)			
Residential TC			
Prison TC			
Day TC			
Outpatient			
Methadone			
Prevention			

	<u>Modality</u>	<u>No. Of slots</u>
Men Only		
Women Only		
Mixed Gender		
Adolescents		
Women w/ Children		
Fathers w/ Children		
Pregnant women		
Non-English program		
MICA		
Co-Occurring		
HIV		
Aging		
Homeless		

If the applicant agency is owned by another corporate entity, please provide the corporation name and address and the name and phone number of the chief executive officer:

Do you operate any other programs that are not based on a TC modality? If so, please list the name(s) and location(s) with zip codes of your non-TC Program(s):

Agency Budget: Please identify the highest operational entity within the corporate structure whose primary purpose is drug and alcohol services, and check the category reflecting that entity's total annual operating budget:

Agency Name: _____

- Up to \$1,499,999 million
- \$1.5 million to \$2,799,999
- \$2.8 million to \$4,499,999
- \$4.5 million to \$7,499,999
- \$7.5 million to \$13,999,999
- \$14 million to \$19,999,999
- \$20 million to \$29,999,999
- \$30 million to \$39,999,999
- \$40 million and above

References:

Please provide the names, titles, agencies, telephone numbers, and email addresses of three (3) individuals who are in a position to attest that your agency operates a bona fide TC based program and that it operates within statutory regulations. These individuals will be contacted by the Chairman of the TCA Membership Committee or, if preferable, the individuals may submit a letter of recommendation to TCA. It is preferable that at least one reference be a current or former member of TCA.

Reference #1:

Reference #2:

Reference #3:

Certification:

Please provide a copy of all applicable licenses and/or certification papers for your organization.

Assurances

The applicant agency hereby assures that:

1. It provides services to substance abusers or people with behavioral or emotional problems and their families and operates at least one therapeutic community based (TC) program that is consistent with the basic guidelines set forth in the TCA Counselor Competencies;
2. It agrees to abide by the TCA By-Laws, Code of Ethics and Member Rules as may be adopted by TCA Membership; and
3. Its TC based program(s) is (are) appropriately licensed/certified/approved by proper authorities as required by statute and as evidenced by enclosed documents, or is waived from such requirements as justified herein in writing.

Chief Executive Officer Signature:

Title:

Date: _____

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