

ORGANIZATION INFORMATION

Date of Application: _____

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

1. Operating Name _____	
Is this a DBA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Tax Status	Has this pregnancy center received 501(c)(3) tax exempt status with the IRS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending If <i>pending</i> , date applied to IRS: _____ If <i>no</i> , please explain _____ _____
3. Status	<input type="checkbox"/> Open <input type="checkbox"/> Not Open Date Opened: _____ Proposed Open Date: _____
4. Location Type	<input type="checkbox"/> Main Center <input type="checkbox"/> Mobile Ultrasound Unit ONLY* Branch locations #: _____ *Only check here if there is no brick and mortar center associated with this unit.
5. Address	Physical Address: _____ Mailing Address: <input type="checkbox"/> Same as physical _____ City _____ State _____ City _____ State _____ Zip _____ Zip _____
6. Contact	
Business Phone _____	
Client Phone _____	
Business Email _____	
Donor/Supporter Website _____	
Client Website _____	
Does your client website have a disclaimer?* <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Employment	
Director	Name: _____ Email: _____
	<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid Cell Phone: _____
	Date Hired: _____ Hours worked / Week: _____
8. Paid Staff	Are all paid staff compensated according applicable federal, state, and local labor laws? <input type="checkbox"/> Yes <input type="checkbox"/> No

*Center websites providing abortion information must include a disclaimer stating that the center does not perform or refer for abortions.

ORGANIZATIONAL INFORMATION CONTINUED

9. Legal Name Incorporated As: _____

10. Financial Approximate annual income of the pregnancy center? \$ _____

11. Insurance How is the organization insured?

General Liability	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Provider _____
Professional Liability	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Provider _____
Business Auto (for Mobile Ultrasound Units)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Provider _____

CENTER SERVICES

12. Days & Hours of Operation Total operating hours per week: _____

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

13. General Services (check all that apply)

<input type="checkbox"/> 24-Hour Helpline	<input type="checkbox"/> Maternity Home	<input type="checkbox"/> STD/I Information
<input type="checkbox"/> Abortion Information	<input type="checkbox"/> Medical Referrals	<input type="checkbox"/> Support for Men
<input type="checkbox"/> Adoption Agency	<input type="checkbox"/> Parenting Education	<input type="checkbox"/> Ultrasound Referrals
<input type="checkbox"/> Adoption Information/Referrals	<input type="checkbox"/> Post-Abortion Support	
<input type="checkbox"/> Housing Referrals	<input type="checkbox"/> Pregnancy Options Info	
<input type="checkbox"/> Maternity/Infant Supplies	<input type="checkbox"/> Pregnancy Tests	<input type="checkbox"/> Medical services (see next page for details)

Other Support Services _____

14. Pregnancy Test Procedures Self-administered by clients Administered by medical staff

Other (please explain): _____

Does the center have a Clinical Laboratory Improvement Act (CLIA) waiver?

No Yes

CENTER SERVICES CONTINUED

15. Does the Pregnancy Center offer Medical Services?

Yes No

If yes, which services are offered? (check all that apply)

Ultrasounds (Onsite) Ultrasounds (Mobile)

STD/I Tests STD/I Treatments

Other Medical Services: _____

Does the center offer medical services under the direction of a licensed physician who is in good standing within the state where the center is located?

No Yes

Are all medical services, including ultrasound services, *only* provided by trained medical professionals?

No Yes

Does the center carry medical malpractice insurance?

No Yes

16. Mission & Vision

Please write your center's mission and vision.

Mission: _____

Vision: _____

BOARD INFORMATION

Provide the following information for each board member (use separate sheet if needed).

Board Chair	Name: _____ On board since (year): _____ Phone: _____	Occupation: _____ Church Denomination: _____ Email: _____
Vice Chair	Name: _____ On board since (year): _____ Phone: _____	Occupation: _____ Church Denomination: _____ Email: _____
Secretary	Name: _____ On board since (year): _____ Phone: _____	Occupation: _____ Church Denomination: _____ Email: _____
Treasurer	Name: _____ On board since (year): _____ Phone: _____	Occupation: _____ Church Denomination: _____ Email: _____
Board Member	Name: _____ On board since (year): _____ Phone: _____	Occupation: _____ Church Denomination: _____ Email: _____
Board Member	Name: _____ On board since (year): _____ Phone: _____	Occupation: _____ Church Denomination: _____ Email: _____
Board Member	Name: _____ On board since (year): _____ Phone: _____	Occupation: _____ Church Denomination: _____ Email: _____
Board Member	Name: _____ On board since (year): _____ Phone: _____	Occupation: _____ Church Denomination: _____ Email: _____
Board Member	Name: _____ On board since (year): _____ Phone: _____	Occupation: _____ Church Denomination: _____ Email: _____

17. Other Affiliations	Current	Former
Heartbeat International	<input type="checkbox"/> as of date _____	<input type="checkbox"/> date left _____
National Institute of Family & Life Advocates (NIFLA)	<input type="checkbox"/> as of date _____	<input type="checkbox"/> date left _____
Evangelical Council for Financial Accountability (ECFA)	<input type="checkbox"/> as of date _____	<input type="checkbox"/> date left _____
Other: _____	<input type="checkbox"/> as of date _____	<input type="checkbox"/> date left _____

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:

Included	Item	Details
<input type="checkbox"/>	1. Articles of Incorporation	
<input type="checkbox"/>	2. Bylaws	
<input type="checkbox"/>	3. Mission Statement	
<input type="checkbox"/>	4. Professional Services Used	Brief description of professional services you used to develop parts 1 - 3 above (i.e. attorney, accountant, etc.)
<input type="checkbox"/>	5. Current Budget	As approved by the Board of Directors
<input type="checkbox"/>	6. Director's Job Description	
<input type="checkbox"/>	7. Director's Resume	
<input type="checkbox"/>	8. Organizational Chart	
<input type="checkbox"/>	9. Facility Diagram	This can be hand drawn; please include room layout and door placement and approximate square footage.
<input type="checkbox"/>	10. Training Overview	Include specific details about the training the director, staff, and volunteers have received in regards to operations and peer counseling/coaching services. Please include dates, curriculum, trainer name, and other details of training.

SEND COMPLETED APPLICATION AND SIGNED AGREEMENT TO:

Care Net Center Services - Affiliation
 44180 Riverside Parkway, Suite 200
 Lansdowne, VA 20176
 info@care-net.org

AFFILIATION FEES

Month of Affiliation	Nonrefundable Amount
January - June	\$225
July - December	\$112.50

PAYMENT: YOU WILL BE INVOICED FOR THE AFFILIATION FEE AFTER YOUR APPLICATION HAS BEEN APPROVED BY CARE NET.



AFFILIATION AGREEMENT

Revised January 2017

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

Name of Pregnancy Center Organization / Mobile Ultrasound 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 2017 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, the governing board of the pregnancy center, according to the voting rules of its organizational bylaws, will annually acknowledge and affirm:
 - Care Net's Statement of Faith
 - Care Net's Vision and Mission
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 certifies 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 and 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