CASRA MEMBERSHIP APPLICATION

Agency Contact Person:	
Agency Name:	Federal Tax ID #:
Agency Address:	
City, State:	Zip Code:
Work number: ()_	Fax Number ()
E-mail Address:	Web Address:
APPLICATION FEE Applicant agencies are required to submit a non-refundable application fee of \$ 250. TYPES OF SOCIAL REHABILITATION SERVICES PROVIDED:	
Patient rights Case management/brokerage Self-help/Wellness Center Supported education Supported employment Vocational services Homeless day services Socialization/Community integration Medication clinic Agency run business enterprise	Full service partnership Day rehabilitation Permanent housing Transitional housing Support for permanent housing Support for transitional housing Crisis residential treatment Transitional residential treatment Long-term residential treatment Other
ABOUT YOUR AGENCY: Number of persons served per yr: Number of staff (F.T.E.)	

To submit your application:

- 1. Complete the information requested above.
- 2. With the completed application, send the following:
 - a. Board of Directors roster
 - b. Copy of most recent Board meeting minutes
 - c. Copy of 501(c) 3 letter from the Internal Revenue Service
- 3. Send all the information along with a check for \$ 250 to CASRA, 3350 E. 7th Street, #509, Long Beach, CA 90804.

Dedicated to improving services and social conditions for people with psychiatric disabilities by promoting their recovery, rehabilitation and rights.