

CASRA MEMBERSHIP APPLICATION

Agency Name:	
Agency Contact Person:	Agency Contact E-mail:
Contact Phone Number:	
Agency Mailing Address:	

Federal Tax ID #

City:

APPLICATION FEE

Applicants are required to submit a non-refundable application fee of \$250 (will be credited toward dues if accepted).

ZIP:

TYPE(S) OF SOCIAL REHABILITATION SERVICES PROVIDED (check all that apply):

Crisis Residential Treatment	ACT/FACT/Full-Service Partnership
Transitional Residential Treatment	Case Mgmt/Brokerage – Care Coord
Long-Term Residential Treatment	Self-help/Wellness Center
Transitional Housing	Clubhouse
Permanent Housing	Supported Employment
Support for Transitional Housing	Supported Education
Support for Permanent Housing	Vocational Services
Day Rehabilitation	Agency Run Business Enterprise
Medication Clinic	Socialization/Community Integration
Homeless Day Services	Patients' Rights
Outreach/Mobile Crisis Outreach	Crisis Stabilization Unit
Other (please describe)	,

Number of persons served per year:

Number of staff (FTE):

To submit your application:

- 1. Complete the information above and include 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
- Send the above along with a check for \$250.00 payable to CASRA to: CASRA

3350 East 7th Street #509 Long Beach, CA 90804

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

A diagnosis is not a destiny.