AFFILIATION APPLICATION*

*This application is for an established pregnancy center. If the center has not yet opened, please email Care Net at info@care-net.org for the Developing Center Affiliation Application.

Please return this completed application to:
Care Net
Center Services
44180 Riverside Pkwy, Suite 200
Lansdowne, VA 20176
(703) 554-8734-Office
(703) 554-8735-Fax

CENTER INFORMATION

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

Is this a main center or satellite location? ☐ Main ☐ Satellite

Date this center location was opened: _____

Center Name: _____ _____ _____

Mailing Address (PO Box): _____ _____

City: _____ State: _____ Zip Code: _____

Phone-Business: _____ Fax: _____

E-mail Address: _____ _____

Corporate Website (if applicable): _____ _____

Client Website (if applicable): _____ _____

Director Name: _____ _____

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

Check Appropriate Employee Status for Director:

☐ Exempt Employee (salaried) ☐ Non Exempt (paid hourly wages)

OFFICE USE ONLY

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

Medical Application Submitted for Review: _____ Date Approved: _____

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

CENTER INFORMATION

Which best describes the type of facility in which the center operates:

☐ Center-Owned Facility ☐ Rented Space ☐ Church

☐Other (please describe): _____ _____

Does the center have private bathroom facilities? ☐ Yes ☐ No

Which of the following most accurately describes the center:

☐ Urban ☐ Rural ☐ Suburban

Is the center on or near a college campus? ☐ On Campus ☐ Near Campus ☐ N/A

Name of College: _____ _____

How far is the center from this campus? _____ miles

OPERATIONAL INFORMATION

What procedure is used for giving pregnancy tests?

☐ Self-administered by clients ☐ Administered by staff

☐ Other (please explain): _____

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

Does the center offer contraceptive services or referrals to non-married clients? ☐ Yes ☐ No

Does the center charge fees to clients for any services? ☐ Yes ☐ No

If yes, please describe services and amounts charged: _____

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

CENTER INSURANCE

Does you center have the following coverage:

General Liability: ☐ Yes ☐ No

Name of Provider: _____

Professional Liability: ☐ Yes ☐ No

Name of Provider: _____

SERVICES PROVIDED

Services currently offered by the center:

☐ Pregnancy Tests

☐ Lay or Peer Counseling

☐ Other: _____

_____

MEDICAL SERVICES

☐ STD Testing

☐ Prenatal Medical Care

☐ Comprehensive Health

☐ On-site Ultrasounds

☐ Other: _____

If the center provides any of the services in this box, Care Net will contact you regarding the medical portion of this application.

ORGANIZATIONAL INFORMATION

Legal Name of Organization: _____ _____ __

Is this organization incorporated as a non-profit corporation under the laws of the state?

☐ No ☐ Yes Date of Incorporation: _____ ___

Has the organization received 501(c)(3) tax exempt status with the IRS? ☐ Yes ☐ No

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

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:		
	_____	_____
	_____	_____
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: _____ _____

CARE NET
AFFILIATION AGREEMENT

This agreement is made this _____day of _____, 20_____by

and between Care Net and_____ (hereinafter ñCenterò).

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 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 Statement of Principle 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 agrees to schedule with Care Net and to host an initial on-site consultation/training within twelve months after initial affiliation. Center agrees that all board members will attend the training in the absence of extenuating circumstances.
6. Unless specifically waived by Care Net, Center agrees to pay all reasonable transportation, lodging, and meals incurred by the Care Net consultant in connection with the initial on-site consultation/training. Such payments will be made directly to the consultant or to the vendors providing transportation, lodging and meals. If an initial consultation is cancelled by Center with less than three full weeks notice to Care Net, a $100 cancellation fee will be paid by Center to Care Net.
7. Care Net will extend to Center all affiliation benefits during the time that Centerôs affiliation status remains in good standing.
8. 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.
9. This agreement shall be deemed to be executed within the Commonwealth of Virginia and shall be governed by Virginia law.
10. The Center carries both general and professional liability insurance as well as medical liability when applicable.
11. The Center will notify Care Net about any pending litigation or investigations involving the center.
12. 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 Statement of Principle. 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.
13. If the Center provides medical services (including limited ultrasound and/or STD testing) or will in the future, Center agrees to submit a Care Net Medical Application for approval.
14. 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. The applicant center also acknowledges and agrees that Care Net may terminate the center from affiliation with Care Net at any time and for any reason.

_____

Board Chair Signature Date

_____

Executive Director Signature Date

_____

Care Net Vice President of Center Services Signature Date