



# The Valley Council for Health and Human Services

## *Building Partnerships to Strengthen Community Services*

A partnership network that works collaboratively to create an integrated human services delivery system that continues to improve the quality of life in the Lower Naugatuck Valley.

### VALLEY COUNCIL MEMBERSHIP FORM

**Representation Guidelines:**

1. Each member organization shall designate the chief executive officer or similar officer of the group s/he is representing, who shall have the authority to speak and make decisions for his/her organization. That representative will cast the organization's vote.
2. Each member organization may formally designate an alternate as the representative of his/her respective organization, should the regular designated representative be unable to attend. The alternate may cast the organization's vote in the representative's absence.
3. Each representative/alternate shall be willing to articulate the concerns and interests of his/her organization to the Council.
4. Each representative/alternate shall be willing to share Council meeting information and decisions with the organization s/he represents.
5. Each member organization shall be represented on a committee, task force or initiative of the Council.

**Please complete form in its entirety to ensure accurate member information.**

<b>NAME OF ORGANIZATION</b>				<b>TYPE OF ENTITY:</b>	
<b>STREET ADDRESS</b>				<input type="checkbox"/> Not for Profit 501(c)(3) <input type="checkbox"/> Membership 501(c)(6) <input type="checkbox"/> Government, State <input type="checkbox"/> Government, Local <input type="checkbox"/> Regional <input type="checkbox"/> Religious <input type="checkbox"/> Education	
<b>CITY</b>		<b>ZIP CODE - ZIP PLUS</b>			
<b>TELEPHONE</b> ( )	<b>FAX</b> ( )	<b>WEB SITE ADDRESS</b>		<b>PRIMARY SERVICE ( / 1 )</b>	
<b>REPRESENTATIVE TO COUNCIL/ TITLE</b>		<b>ALTERNATE REPRESENTATIVE/ TITLE</b>		<input type="checkbox"/> Advocacy <input type="checkbox"/> Arts & Culture <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Child Care <input type="checkbox"/> Community Development <input type="checkbox"/> Comm. & Physical Health <input type="checkbox"/> Economic Development <input type="checkbox"/> Education <input type="checkbox"/> Housing <input type="checkbox"/> Legal <input type="checkbox"/> Public Health <input type="checkbox"/> Recreation <input type="checkbox"/> Religious <input type="checkbox"/> Transportation <input type="checkbox"/> Workforce Development <input type="checkbox"/> Youth Development <input type="checkbox"/> Other _____	
<b>TELEPHONE</b> ( )	<b>EMAIL</b>		<b>TELEPHONE</b> ( )	<b>EMAIL</b>	
<b>COMMITTEE SELECTION</b> (Refer to #5 of Representation Guidelines above & Committee Descriptions)					
<input type="checkbox"/> Valley CARES <input type="checkbox"/> Early Childhood <input type="checkbox"/> Healthy Valley <input type="checkbox"/> Communications <input type="checkbox"/> Membership <input type="checkbox"/> Finance <input type="checkbox"/> By-Laws <input type="checkbox"/> Senior Services Council <input type="checkbox"/> Executive					
<b>AGENCY DESCRIPTION IN 25 WORDS OR LESS:</b>					
<b>ORGANIZATIONAL STRUCTURE</b> (CHECK IF APPLY):			<b>TARGET POPULATIONS</b> (CHECK ALL THAT APPLY):		
<input type="checkbox"/> TAX EXEMPT <input type="checkbox"/> INCORPORATED			<input type="checkbox"/> YOUTH (ALL) <input type="checkbox"/> ADULTS 18-21 <input type="checkbox"/> UNEMPLOYED		
<b>CURRENT FISCAL YR BUDGET:</b>			<input type="checkbox"/> BIRTH TO 5 <input type="checkbox"/> ADULTS 21 – 55 <input type="checkbox"/> LOW INCOME		
AMOUNT \$ _____			<input type="checkbox"/> GRADES K-8 <input type="checkbox"/> ADULTS 56+ <input type="checkbox"/> PERSONS W/DISABILITIES		
<input type="checkbox"/> FEDERAL ____%		<input type="checkbox"/> FOUNDATION ____%		<input type="checkbox"/> GRADES 9-12 <input type="checkbox"/> FAMILIES <input type="checkbox"/> IMMIGRANTS/REFUGEES	
<input type="checkbox"/> STATE ____%		<input type="checkbox"/> CORPORATE ____%		<input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> FUNDRAISING ____%		<input type="checkbox"/> UNITED WAY ____%			
<input type="checkbox"/> INDIVIDUAL DONORS ____%		<input type="checkbox"/> OTHER ____%			

**SERVICES**

Check all the services provided by your organization. Specify other service categories not already listed.

<input type="checkbox"/> behavioral health/counseling <input type="checkbox"/> crisis intervention <input type="checkbox"/> domestic violence <input type="checkbox"/> suicide prevention <input type="checkbox"/> other: _____ <input type="checkbox"/> protective services (youth/elder) <input type="checkbox"/> education/literacy <input type="checkbox"/> financial assistance <input type="checkbox"/> food <input type="checkbox"/> housing/shelter <input type="checkbox"/> in-home care / respite services <input type="checkbox"/> legal services <input type="checkbox"/> child care <input type="checkbox"/> pre-natal / pregnancy <input type="checkbox"/> parenting programs <input type="checkbox"/> life skills development <input type="checkbox"/> environmental health	<input type="checkbox"/> medical treatment <input type="checkbox"/> public health <input type="checkbox"/> resettlement assistance <input type="checkbox"/> mentoring <input type="checkbox"/> outreach <input type="checkbox"/> recreation <input type="checkbox"/> services to the disabled <input type="checkbox"/> spiritual guidance <input type="checkbox"/> substance abuse prevention <input type="checkbox"/> substance abuse treatment <input type="checkbox"/> support groups, specify: _____ _____ <input type="checkbox"/> employment assistance <input type="checkbox"/> vocational education/training <input type="checkbox"/> volunteer services	Others: specify _____ _____ _____ _____ _____ _____ _____
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*The following is information frequently asked in grant applications.  
 Compiling it will assist in your grant development projects as well as the advocacy & other activities of the Valley Council.*

DATE ORGANIZATION ESTABLISHED \_\_\_\_\_

PROGRAM YEAR RUNS FROM / TO \_\_\_\_\_

UNDUPLICATED # OF CLIENTS SERVED DURING YOUR LAST FULL PROGRAM YEAR \_\_\_\_\_

UNDUPLICATED # OF VALLEY RESIDENTS SERVED DURING YOUR LAST FULL PROGRAM YEAR \_\_\_\_\_

VALLEY TOWNS SERVED     Ansonia                       Derby                       Seymour                       Other  
     Beacon Falls                       Oxford                       Shelton                      Area Served: \_\_\_\_\_

# ACTIVE MEMBERS OF GOVERNING BOARD \_\_\_\_\_

# FULL-TIME STAFF MEMBERS \_\_\_\_\_                      # PART-TIME STAFF MEMBERS \_\_\_\_\_

# ACTIVE VOLUNTEERS (Not Including Board Members) \_\_\_\_\_

DO YOU PROVIDE SPEAKERS/TECHNICAL ASSISTANCE TO GROUPS?     YES     NO  
 If yes, please list the topics of training and/or technical assistance your agency can offer?

COMPLETED BY	_____
TITLE	_____
DATE COMPLETED	_____