



**REQUEST TO BECOME A PARTICIPATING PROGRAM FOR THE
FOUNDATION**

Program Name: _____

Request completed by: _____

Date Completed: _____

Criteria

Initial
Please

Oversight agency membership in good standing

Agency: _____

Program Type meets criteria (please select)

- Emotional Growth Program
- Therapeutic Boarding School
- Special Needs School

Our Length of Stay (LOS) meets the minimum one year criteria

LOS is _____ months

We have a Psychotherapy component to our program

We have an academic accreditation from:



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- Our parent empowerment survey results are _____
- We have no religious affiliation
- We have a parent participation/education program
- Participating students' tuition is discounted 30%
- As the authorized representative of this program, I accept the payment terms as set by The Foundation to be quarterly, in arrears, by credit card
- As the authorized representative of this program, I agree to the involvement of The Program in The Foundation's fund raising efforts

I, _____(Print Name and Title), am the authorized representative of _____ (The Program) do hereby certify that the above is a true and accurate representation of our program.

Signature

Date



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Program Name: _____

Authorized Representative: _____

Address: _____

Contact Information:

Phone: _____

Fax: _____

Email: _____

Please forward completed form to: The Friends of Families with Children in Crisis
Foundation, P. O. Box 825, Lake Arrowhead, CA 92352; Fax No. 909.336.1942