



Creating Collaborative Solutions
(716) 335-7500

Application for Membership

The *Vision* of the Care Management Coalition of Western New York, Inc. is to be the unified voice supporting the needs of families and children.

Organizational Information

Name of Agency: _____

Agency Executive: _____ Title: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____ Web Site: _____

Organizational Structure

Year Established: _____ 501(c) (3) [Yes]_____ Federal Tax ID# _____

Mission/Vision (Circle) Statement: _____

Services Provided: _____

Number of Personnel (Approximate): Full-Time _____ Part-Time _____ Volunteers _____

Agency Core Strengths: _____

Agency Priority Needs (i.e.: Advocacy, Admin. Support, Service Delivery, Staff Hiring/Retention, Legal, etc.):

Annual Operating Budget (Approximate): \$_____

Contact:

J. Mark Robinson
Executive Director
Care Management Coalition of WNY, Inc.
844 Delaware Avenue
Buffalo, NY 14209

Work: (716) 335-7501
Fax: (716) 882-2763
E-Mail: markr@cmcwny.org
Web Site: cmcwny.org