



DELAWARE ASSOCIATION OF REHABILITATION FACILITIES
 100 W. 10th St., Suite 103 * Wilmington, Delaware * 302-622-9177 * Fax: 302-777-5386

Connie C. Hughes
 Executive Director

Member Agencies

- Accessible Counseling Service
- Addictions Coalition of DE Inc.
- AHEDD
- Arc of Delaware
- AIDS Delaware
- Autism Society of DE
- Bancroft Neurohealth
- Benedictine of Delaware
- Brain Injury Association
- Brandywine Counseling Inc.
- CareLink Community Support Services/DE
- Center for Disabilities Studies, UD
- Chimes of Delaware
- Choices for Community Living, DE
- Cleanworks Janitorial Services
- Client Assistance Program
- Community Integrated Services
- Connections, CSP, Inc.
- DE Council on Gambling Problems
- Delaware Elwyn
- Delmarva Community Services
- Dove Pointe
- Easter Seals of Delaware and Maryland
- Eastern Shore's
- Freedom Center for Independent Living
- Gateway Foundation Inc.
- Gaudenzia Fresh Start
- Goodwill Industries of DE
- Homeless Planning Council of DE
- Horizon House/DE
- Independent Resources Inc.
- Ken-Crest Services
- Kent Sussex County Counseling
- Kristi Bingham Cerebral Palsy Foundation, Inc.
- Maxim Healthcare Services, Inc.
- Mental Health Association in DE
- MOSAIC, DE
- National Mentor Healthcare LLC
- NISH Government Affairs
- NorthEast Treatment Centers
- Open Door Inc.
- Opportunity Center, Inc.
- Psychotherapeutic Services
- Salvation Army
- VOCA

Individual Members

Adult Foster Care Providers
Over 150

DelARF MEMBER AGREEMENT FY08

Motto: Success By Association

Individual Membership

DelARF (the Delaware Association of Rehabilitation Facilities) is a membership organization supporting service providers and advocates working with people with disabilities.

Individual membership shall be open to an individual provider, individual supporter / sponsor / guardian of a consumer. The individual must be working or living in the State of Delaware. However, individuals working for direct service or advocacy organizations cannot become individual members.

Membership dues for individuals are \$100 per year. Your membership year will be July 1 through June 30. Please provide the following information.

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____ Fax Number: _____

The individual agrees to pay the Delaware Association of Rehabilitation Facilities:

\$ 100 in annual dues

Dues will be paid on the following schedule:

() Annually () Semi-Annually

Signature: _____

Date: _____ E-mail Address: _____