

272 Broadway • Albany, New York 12204 • (518) 813-9537 • (518) 813-9539 fax

2010 CDPAANYS Provider Member Application

Please Print or Type

Agency Name: _____

Agency Full Address: _____

Agency Telephone Number (____) _____ Agency Web Address: _____

Name & Email Address
of Executive Director: _____

Name & Email Address
of CDPAP Contact: _____

Please list the counties your agency serves: _____

To apply for membership, an entity must:

- Currently contract with a New York State County to provide Consumer Directed Personal Assistance;
- Allow consumers to recruit, hire, train, supervise and terminate the personal assistants they choose to work with;
- Respect the autonomy of the consumer as an empowered individual who has the authority to direct

CDPAANYS Annual Dues are based on the agency’s total **CDPAP** revenue reported from your most recently completed fiscal year. Using the table below please identify your agency’s total.

Check One Box Below	Agency’s Total Annual CDPAP Revenue	Annual Payment Amount	Quarterly Payments Amount
	Less Than One Million	\$500	\$125
	One Million to Two Million	\$3750	\$937.50
	Greater than Two Million – Five Million	\$6000	\$1500
	Greater than Five Million -Ten Million	\$8500	\$2125
	Greater than Ten Million less than Twenty Million	\$11250	\$2812.5
	Greater than Twenty Million	\$14250	\$3562.50

The Board of Directors of the Consumer Directed Personal Assistance Association of New York State reviews each membership application for approval. Applicants will be notified of the boards decision.

By signing below, I certify that the above revenue information is correct and as a member agree to adhere to CDPAANYS bylaws and standards.

Authorized signature Title Date