



Affiliate Renewal Survey 2023

Part I: Center Information

General Center Information

1 - Center ID *

2 - Please enter the following information for this specific center location:

Center Name *

Note: no abbreviations

Physical Street *

Physical City *

Physical State/Province *

Physical Zip/Postal *

Client Phone *

Business Phone *

3 - Please specify the center type for this location. *

Note: mobile ultrasound vehicles should not be considered a separate branch location. Instead, please include data for mobile units in the total statistics for one "brick and mortar" location.

- Main
 Satellite/Branch
 Administrative (no client appointments)

4 - Please provide the following information for the director of this center location:

Director's First Name *

Director's Last Name *

Director's Title *

Director's Email *

Director's Phone Number *

Number of Years in this Position *

5 - Please provide the following information for the director of this center location:

Note: THE DATA WILL BE USED FOR STATISTICAL PURPOSES ONLY. All answers will be kept confidential.

Gender *

- Male
 Female

Age *

Marital Status *

- Single
 Married

Ethnicity *

- Caucasian
 African-American
 Hispanic
 Asian
 Other

Highest Level of Education *

- HS Diploma
 Associate's Degree
 Bachelor's Degree
 Post-Graduate Degree

6 - Did this center see clients this year? *

- Yes
 No

7 - What is this center's proximity to an abortion provider (any clinic, hospital, or medical office where abortions are performed)? *

- Unknown
 Less than one block (within a 2 minute walk)
 More than one block (2 minute walk) but less than 1/2 mile
 More than 1/2 mile but less than 1 mile
 More than 1 mile but less 5 miles
 More than 5 miles but less than 50 miles
 More than 50 but less than 100 miles
 More than 100 miles

8 - What is this center's proximity to a college or university? *

- Unknown
 Less than one block (within a 2 minute walk)
 More than one block (2 minute walk) but less than 1/2 mile
 More than 1/2 mile but less than 1 mile
 More than 1 mile but less 5 miles
 More than 5 miles but less than 50 miles
 More than 50 but less than 100 miles
 More than 100 miles

9 - Check all the paid platforms used to advertise this location: *

- Google ads
- Facebook ads
- Instagram ads
- College or high school website or publication ads
- Radio ads (AM/FM stations)
- Internet radio ads (Pandora, Slacker, etc.)
- Billboards
- Bus/bus stop ads
- Phone book
- Cable Television Ads
- Internet video streaming ads (Hulu, YouTube, etc.)
- Other

If other, please specify:

10 - What were the top three ways clients found out about this location? (rank the top three) *

11 - Which client services or client programs does this center currently provide? *

Note: answer choices will be used for Care Net's online "Find a Center" tool.

- 24-Hour Helpline (answered by center staff/volunteers)
- Abortion Information
- Abortion Pill Reversal
- Abstinence/Sexual Risk Avoidance Education
- Adoption Agency
- Adoption Information
- College/University Campus Outreach
- Dietician/Registered Nutritionist Consultations
- Fertility Awareness-Based Methods (including FEMM and/or Natural Family Planning methods)
- Housing Referrals
- Lactation/Breastfeeding Consultations
- Maternity & Infant Supplies (free supplies - incentive programs such as Earn While You Learn)
- Maternity Home
- Medical Referrals
- Parenting Education
- Post-Abortion Support
- Prenatal Care (First prenatal visit includes, but not limited to, vital signs, weight, pap, pelvic exam, full panel of prenatal labs, full STI testing, and prenatal education.)
- Pregnancy Options Information
- Pregnancy Tests
- Professional Counseling
- Safe Haven Location
- STD/STI Information

- STD/STI Testing
- STD/STI Treatment
- Services for Men
- Ultrasound (Mobile vehicle, owned by center)
- Ultrasound Referrals (other pregnancy centers or physician offices)
- Well Woman Care (Visit includes full medical history and physical exam including vital signs, weight and height, breast exam, pelvic exam, pap test, preventative care education, referrals for indicated screening tests and abnormal findings.)
- Other

If other, please list below:

12 - Would you like to give Care Net permission to share your contact information with other affiliates looking for information regarding any of the services your center provides? *

- Yes
- No

13 - Which software program or system did this center use to track client data? *

- eKYROS
- WayCool
- Next Level
- Other

If other, please specify:

14 - The statistical information submitted below represents data collected for the previous calendar year, from 1/1/2022 through 12/31/2022. *

- Yes
- No

If "No," please indicate date range for data submitted:

Note: example - mm/dd/yyyy - mm/dd/yyyy

PART II: PRE-CLIENT INFORMATION

(The caller is not yet a client if they have not signed any intake forms establishing a client-center relationship)

15 - How many "pre-client" phone coaching sessions did this center have?

Note: if your center does not conduct pre-client phone coaching sessions or does not track them, leave blank.

PART III: CLIENT INFORMATION

(A "client" is any person who physically or virtually visited the pregnancy center, completed an intake, and received a service such as a pregnancy test, pregnancy decision coaching, STD testing, etc. For the purposes of this report, individuals who ONLY interacted with the center via email, instant messaging, texting, telephone, etc. and did not complete an intake should NOT be reported here.)

16 - Of clients who completed a written exit survey, what percentage indicated their overall experience at the center was positive? *

17 - How many NEW clients did this location serve (including those that completed onsite and virtual intakes)?

Note: A new client is any client who had NEVER received services from the center in the past OR a former client who visited the center with a NEW concern (i.e., new pregnancy, post-abortion services, parenting education, etc.)

A. Completed onsite office intakes: *

B. Completed virtual intakes: *

C. Total all new clients:

Note: (A + B = Total)

18 - Of the total number of new clients that this center served:

A. New female clients: *

B. New male clients: *

C. New client/gender unknown: *

C. Total new clients: *

Note: (A + B + C = Total) - the total here should match the "Total All New Clients" reported in Question 17C

19 - For new male clients reported, how many were the father of a pregnant client's baby: *

Note: clients reported in Question 18B

20 - Marital status of all new clients:

A. Single Clients: *

Note: includes divorced, widowed, & engaged

B. Married Clients: *

Note: includes separated

C. Unknown marital status: *

New Client Total: *

Note: (A + B + C = Total) - The total here should match the "Total All New Clients" reported in Question 17C.

21 - Ages of all new clients:

A. Under 15: *

B. 15 to 19: *

C. 20 to 24 *

D. 25 to 29 *

E. 30 years or more: *

F. Age unknown:

Total New Clients: *

Note: (A + B + C + D + E + F = Total) - The total here should match the "Total All New Clients" reported in Question 17C

22 - Ethnicity of all new clients:

A. African American Clients: *

B. Asian Clients: *

C. Caucasian Clients: *

D. Hispanic Clients: *

E. Native Hawaiian/Other Pacific
Islander Clients: *

F. Native American Clients: *

G. Other race/ ethnicity: *

H. Unknown race/ ethnicity: *

I. Total Number of New Clients: *

Note: (A + B + C + D + E + F + G + H = Total) - The total here should match the "Total All New Clients" reported in Question 18C.

23 - What was the TOTAL number of client sessions (virtual and onsite) at this center location (this includes each visit with new clients and each visit with returning/follow-up clients.)

A. Onsite office sessions: *

B. Virtual Sessions:

C. Total sessions: *

(A + B = Total)

PART IV: CENTER SERVICES AND SUPPORT PROGRAMS

If you do not know the answer, OR DID NOT OFFER THIS SERVICE, leave answer box blank. If you offered this service but had no clients receive this service in, enter zero (0).

Pregnancy Tests

24 - Number of pregnancy tests administered at this center location (include tests administered on mobile units belonging to this location only):

A. Positive tests: *

B. Negative tests: *

C. Inconclusive tests: *

Total all pregnancy tests: *

Ultrasound Services

25 - If the center offered ultrasound services, what was the total number of ultrasounds performed by this center: *

Note: include onsite and mobile vehicle unit ultrasounds, as well as repeat ultrasounds on the same client.

26 - How many individual clients received an ultrasound at this center or on a mobile ultrasound vehicle?

A. Onsite ultrasound clients: *

B. Mobile ultrasound clients: *

C. Total ultrasound clients: *

Note: (A + B = Total)

Client Resources

27 - If the center offered material resources (i.e., diapers, baby clothes, baby furniture, etc.) to clients, please provide the total number of clients receiving such resources:

28 - Please enter the number of each item given to clients at this center location:

A. Packs of Diapers (regardless of pack size): *

B. Packs of baby wipes (regardless of pack size): *

C. New Cans/Bottles of formula: *

D. Baby clothing outfits (i.e. a onesie, shirt and pants set, etc.): *

E. New Cribs: *

F. Car seats (new, unused): *

G. Strollers:

Pregnancy Decision Coaching

29 - Number of clients who received pregnancy decision coaching:

A. Female clients: *

B. Male clients: *

C. Client/gender unknown: *

D. Total number clients who received coaching: *

Note: (A + B + C = Total)

Post-Abortion Support

30 - Number of clients who received post-abortion support:

A. Female post-abortive clients: *

B. Male post-abortive clients: *

C. Post-abortive client/gender unknown: *

D. Total post-abortive clients: *

Note: (A + B + C = Total)

Sexual Risk Avoidance/ Abstinence Education

31 - How many clients received this education, one-on-one sexual risk avoidance/abstinence education: *

32 - If the center provided group sexual risk avoidance and/or abstinence presentations (school groups, youth groups, etc.), how many students would you estimate attended these group presentations: *

STD/STI Testing and Treatment

33 - If the center provided STD/STI testing, how many clients received such tests?

A. How many female clients received STD/STI testing: *

B. Of these female clients, how many were also pregnancy test clients: *

C. How many male clients received STD/STI testing: *

D. Of these male clients, how many were also a father of the baby: *

E. How many clients gender was unknown: *

F. Of those whose gender was unknown, how many were pregnancy test clients: *

G. Of those whose gender was unknown, how many were father of the baby: *

H. Total number of clients that received STD/STI testing: *

Note: (A + C + E = Total)

34 - How many STD/STI tests (include multiple tests performed for the same client) were performed at this center location: *

35 - What STD/STI tests were performed at this location? (check all that apply): *

- Chlamydia
- Gonorrhea
- HIV
- HPV
- Syphilis
- Herpes
- Hepatitis A
- Hepatitis B
- Trichomoniasis
- Other

If other, please list all others below:

Abortion Pill

Do not identify any protected health information (name, age, etc) of any client.

36 - Did your center hear stories from women about their experience with a chemical abortion/abortion pill? If so, did they include the following:

- Negative emotional/mental health effects
- Physical complications that ended in an emergency room visit
- Failed abortion
- Received abortion pill reversal treatment
- Other

If other, please specify:

Note: do not identify any protected health information (name, age, etc) of any client.

37 - Please provide a rough estimate of the number of women your center served in 2022 who shared that they had undergone a chemical abortion:

38 - Did your center feel equipped with resources and knowledge to serve these clients?

- Yes
 No

Please explain your experience(s) here:

Note: do not identify any protected health information (name, age, etc) of any client.

Parenting Programs

39 - If this center location offered a parenting program (EWYL, birthing, child-raising classes), what was the number of clients who participated in a parenting program?

A. Female clients in parenting program(s): *

B. Male clients in parenting program(s): *

C. Clients whose gender was unknown that participated in parenting program(s): *

D. Total number of clients that participated in parenting program(s): *

Total (A + B + C = Total)

Gospel Presentations

40 - Total number of clients who were presented the Gospel of Jesus Christ: *

41 - How many clients indicated either (1) a decision to trust Christ or (2) a decision to rededicate their lives to Christ: *

PART V: PREGNANCY DECISIONS

A. The INITIAL ASSESSMENT is the client advocate's assessment of a POSITIVE TEST CLIENT's likelihood to get an abortion. It is NOT the client's stated intention for the pregnancy. The client advocate's initial assessment and the client's stated intention are not always the same.

B. The INITIAL ASSESSMENT is made by the client advocate during the client's first visit to the center and is based on the client's likelihood to get an abortion when she arrived at the center.

C. For purposes of this report, a PREGNANCY DECISION is either the actual pregnancy outcome, or if this is not known, the CLIENT'S LAST STATED INTENTION.

GENERAL INSTRUCTIONS

Enter zero (0) only if this center had no clients matching the criteria.

Do not use commas when entering numbers.

If you do not know the answer, leave the answer box blank.

CLIENTS INITIALLY ASSESSED AS LIKELY TO CARRY TO TERM

For Positive-test Clients ONLY.

A LIKELY TO CARRY TO TERM client does not meet criteria for abortion-minded or abortion-vulnerable and meets ALL of the following criteria:

- 1. The client has stated that she has made a decision to carry to term.
 - 2. The client has no apparent medical condition that will affect her pregnancy.
 - 3. The client has support from all significant influences (partner, parents, close friends, others).
- When reporting last stated intent, use actual pregnancy outcome if known.

42 - Enter the number of positive test clients initially assessed as LIKELY TO CARRY TO TERM in each of the following categories:

A. Total positive test clients who were initially assessed as LIKELY TO CARRY TO TERM:

Last stated intent after positive test:
abort *

Last stated intent after positive test:
carry to term *

Last stated intent after positive test:
undecided or unknown

B. Of this total, how many clients received an ultrasound:

Last stated intent with ultrasound:
abort *

Last stated intent with ultrasound: carry
to term *

Last stated intent with ultrasound:
undecided or unknown *

C. Of total in B, how many clients had the father of the baby present during the ultrasound?

Last stated intent with father present at
ultrasound: abort *

Last stated intent with father present at
ultrasound: carry to term *

Last stated intent with father present at
ultrasound: undecided or unknown

CLIENTS INITIALLY ASSESSED AS ABORTION-MINDED

For Positive-test Clients ONLY.

The ABORTION-MINDED woman is one who appears to be planning or intending to obtain an abortion and meets ONE OR MORE of the following criteria:

- 1. She is seeking information as to how to obtain an abortion.
 - 2. She has an abortion scheduled, regardless of how tentative she seems.
 - 3. The abortion procedure has been initiated, as in the introduction of laminaria.
- When reporting last stated intent, use actual pregnancy outcome if known.

43 - Enter the number of positive test clients initially assessed as ABORTION-MINDED in each of the following categories:

A. Total positive test clients initially assessed as ABORTION MINDED:

Last stated intent after positive test:
abort *

Last stated intent after positive test:
carry to term *

Last stated intent after positive test:
undecided or unknown *

B. Of this total, how many clients received an ultrasound?

Last stated intent with ultrasound:
abort *

Last stated intent with ultrasound: carry
to term *

Last stated intent with ultrasound:
undecided or unknown *

C. Of total in B, how many clients had the father of the baby present during the ultrasound?

Last stated intent with father present at
ultrasound: abort *

Last stated intent with father present at
ultrasound: carry to term *

Last stated intent with father present at
ultrasound: undecided or unknown *

CLIENTS INITIALLY ASSESSED AS ABORTION VULNERABLE

For Positive Test Clients ONLY

CRITERIA:

- She does not meet all the criteria for "Likely to Carry to Term," or any of the criteria for "Abortion Minded."

OTHER CONSIDERATIONS:

- She is being pressured to have or consider an abortion.
 - She has stated that she is undecided about abortion.
 - She is against abortion, however, she has a medical condition she thinks may affect the pregnancy.
- (Note that the criteria for "Abortion-Vulnerable" is not exhaustive.)

When reporting last stated intent, use actual pregnancy outcome if known.

44 - Enter the total number of positive test clients initially assessed as ABORTION-VULNERABLE in each of the following categories:

A. Total positive test clients initially assessed as ABORTION-VULNERABLE:

Last stated intent after positive test:
abort *

Last stated intent after positive test:
carry to term *

Last stated intent after positive test:
undecided or unknown *

B. Of this total, how many clients received an ultrasound:

Last stated intent with ultrasound:
abort *

Last stated intent with ultrasound: carry
to term *

Last stated intent with ultrasound:
undecided or unknown *

C. Of total in B, how many clients had the father of the baby present during the ultrasound?

Last stated intent with father present at
ultrasound: abort *

Last stated intent with father present at
ultrasound: carry to term *

Last stated intent with father present at
ultrasound: undecided or unknown *

UNASSESSED-CLIENTS WHO DID NOT RECEIVE AN INITIAL ASSESSMENT

For Positive test Clients ONLY

A client is UNASSESSED when not enough information was obtained to make an assessment of the client's abortion vulnerability

When reporting last stated intent, use actual pregnancy outcome if known.

45 - Enter the number of positive test clients initially UNASSESSED for each of the following categories:

A. Total positive test clients initially UNASSESSED:

Last stated intent after positive test:
abort *

Last stated intent after positive test:
carry to term *

Last stated intent after positive test:
undecided or unknown *

B. Of this total, how many clients received an ultrasound?

Last stated intent with ultrasound:
abort *

Last stated intent with ultrasound: carry
to term *

Last stated intent with ultrasound:
undecided or unknown *

Last stated intent with father present at
ultrasound: abort *

Last stated intent with father present at
ultrasound: carry to term *

Last stated intent with father present at
ultrasound: undecided or unknown *

46 - What was the relationship with father of the baby to AT-RISK (abortion-minded and abortion-vulnerable) positive-test clients? Enter total numbers for the following categories:

A. Boyfriend *

B. Fiance *

C. Friend *

D. Husband *

E. Other *

F. Unknown *

G. Total at-risk positive test clients:

Note: (A + B + C + D + E + F = Total)

PART VI: ORGANIZATIONAL INFORMATION (an organization is defined as a main/admin center and its branch locations)

Remainder that Questions 46-67 are TO BE COMPLETED BY MAIN or ADMIN CENTER ONLY. Branch centers, skip to Question 68.

Center Staff

47 - What was the number of staff at all locations of this center?

Paid Staff/Employees that are Licensed Medical Professionals: *

Note: include nurses, physicians, RDMS/sonographers, physician assistants, etc.

Volunteer Staff that are Licensed Medical Professionals: *

Note: include nurses, physicians, RDMS/sonographers, physician assistants, etc.

Paid Staff/Employees that are Licensed Counselors: *

Note: include therapists, mental health professionals, social workers, etc.

Volunteer Staff that are Licensed Counselors: *

Note: include therapists, mental health professionals, social workers, etc.

Paid Staff/Employees Men's/Fatherhood Service Leads: *

Note: include individuals responsible for leading others in serving male clients

Volunteer Staff Men's/Fatherhood Service Lead: *

Note: include individuals responsible for leading others in serving male clients

Paid Staff/Employees on your Client Care Team: *

Note: include all other persons supervising and/or providing direct support to clients

Volunteer Staff on your Client Care Team: *

Note: include all other persons supervising and/or providing direct support to clients

Paid/Employee Other Staff: *

Note: include all remaining staff: development, administrative, etc.

Volunteer Other Staff: *

Note: include all remaining staff: development, administrative, etc.

Other, please specify:

Training and Client Resources

48 - What evangelism training is used at this center location: *

- 3 Circles
- EvanTell's "Save The Mother, Save Her Child"
- Focus on the Heart
- Mission PreBorn
- Share Jesus Without Fear
- Compassion Hope and Help (in person)
- Compassion Hope and Help (online)
- Gospel Compassion - Care Net (online)

- None
- Other

If other, please specify:

49 - What curriculum does your center uses to train team members serving clients at-risk for abortion: *

- Compassion Hope and Help
- Love Approach
- Equipped to Serve
- Focus on the Heart
- Intimacy Before Impact
- Other

If other, please specify:

50 - Does your center currently use Caring Foundations to onboard new team members? *

- Yes
- No

51 - Does/did your center used Care Net's Welcoming Him resource as a guide for men's services/fatherhood ministry? *

- Yes
- No

52 - Which education resources do you share with your clients:

Which education resources do you share with female clients: *

- Before She Decides
- Before You Decide(magazine)
- Before You Decide(brochure)
- Brightcourse
- BYD Live: Tablet App
- Doctor Dad
- Heritage House brochures
- Keener Marketing brochures
- Medical Institute brochures
- National Fatherhood Initiative (pamphlets,brochures, rack cards)
- 24/7 Dad
- None
- Other

Which education resources do you share with male clients: *

- Before She Decides
- Before You Decide(magazine)
- Before You Decide(brochure)
- Brightcourse
- BYD Live: Tablet App
- Doctor Dad
- Heritage House brochures
- Keener Marketing brochures
- Medical Institute brochures
- National Fatherhood Initiative (pamphlets,brochures, rack cards)
- 24/7 Dad
- None
- Other

Which education resources do you share with clients whose gender is unknown: *

- Before She Decides
- Before You Decide(magazine)
- Before You Decide(brochure)
- Brightcourse
- BYD Live: Tablet App
- Doctor Dad
- Heritage House brochures
- Keener Marketing brochures
- Medical Institute brochures
- National Fatherhood Initiative (pamphlets,brochures, rack cards)
- 24/7 Dad
- None
- Other

If other, please specify:

If other, please specify:

Building Church Discipleship Partnerships

53 - Select the resources your center uses in equipping church partners: *

- Making Life Disciples
- Embrace Grace/Legacy/Life
- Churches for Life (LifeTeam)
- Forgiveness and Set Free
- Life International (Journey of a Life Giver)
- None
- Other

If other, please specify:

54 - How many churches are currently actively involved with your center? *

Note: Donated financial or material items, publicized center events, invited center staff to speak at church activities, discipleship program, etc.

55 - Of those churches in Question 54, how many are available as a client referral to offer discipleship (emotional, spiritual, or material support) during and after the pregnancy? *

56 - How many clients did your organization refer to a church?

A. Number of clients referred: *

B. Of total in A, how many were permission-based discipleship referrals to someone in a church prepared to receive them?

C. Of total in B, how many were referred to a church trained with Making Life Disciples? *

Organizational Affiliations

57 - What other affiliations does your center have: *

Note: if none, skip to question 59

- Heartbeat International
- National Institute of Family and Life Advocates (NIFLA)
- Mission Preborn!
- Other

Is other, please specify:

58 - Does your center belong to a state coalition or pregnancy center group in your area? *

(if 'No,' then skip to question 57)

- Yes
- No

59 - Contact information for state/area pregnancy center group(s):

Organization #1 - Name, Main Contact, Email

Organization #2 - Name, Main Contact, Email

Organization #3 - Name, Main Contact, Email

Financial Information

60 - Approximately how many donors FINANCIALLY supported this center?

A. Number of Individual Donors: *

B. Number of Churches: *

C. Number of Businesses/Other: *

61 - Please provide the center's annual income: *

Note: please do not use decimals; round to a whole number. Do not include symbols or punctuation. (Example: \$77,800.84 = 77801)

62 - How much of this income was received online: *

Note: website, donations, email, social media, online fundraiser, virtual event, etc. Include all center locations. Please do not use decimals; round to a whole number. Do not include symbols or punctuation. (Example: \$77,800.84 = 77801). Estimates acceptable. Put '0' if none.

63 - If this organization received federal or state funding, please provide the dollar amount received for each program/service below. If funds were received from multiple sources, add and provide the total below (do not include "Choose Life" license plate funding):

(Skip if no state/federal funding received.)

Federal or State Funding for Abstinence Sexual Risk Avoidance Programs:

Federal or State Funding for STD/STI Testing and/or Treatment:

Federal or State Funding for Pregnancy Care Services (including parenting classes):

Federal or State Funding for Material Resources/Assistance (baby items):

Federal or State Funding for Other Programs/Services:

64 - If this organization (including branch centers) receive Medicaid funding (either federally administered or through a State Medicaid program) for any of the following services, please provide total dollar amount:

(Skip if Medicaid funding not received.)

Medicaid Funding for Ultrasounds:

Medicaid Funding for STD/STI Testing:

Medicaid Funding for STD/STI Treatment:

Medicaid Funding for Well Women Exams:

Medicaid Funding for Other Services:

65 - In what year did your center open?

Note: if unknown, leave blank

66 - What year did your center first affiliate with Care Net?

Note: if unknown, leave blank

Conference Attendance

67 - Did any member of your team attend Care Net's National Conference 2022? *

- Yes
 No

68 - Did any member of your team attend the Called and Missioned Pro-Life Men's Conference 2022?

- Yes
 No

Executive Leadership Information

69 - Please provide the following information for the executive leader of your organization (data is confidential: leave blank if already answered in Q4&5):

Note: if unknown, leave blank

Conference Attendance

67 - Did any member of your team attend Care Net's National Conference 2022? *

- Yes
 No

68 - Did any member of your team attend the Called and Missioned Pro-Life Men's Conference 2022?

- Yes
 No

Executive Leadership Information

69 - Please provide the following information for the executive leader of your organization (data is confidential: leave blank if already answered in Q4&5):

Executive Director or CEO - First Name

Executive Director or CEO - Last Name

Email

Phone Number

Number of years at this organization:

Gender

- Female
 Male

Age

Marital Status

- Single
 Married

Ethnicity

- Caucasian
 African-American
 Hispanic
 Asian
 Other

Highest Level of Education

- HS Diploma
 Bachelor's Degree
 Post - Graduate Degree

If post-graduate, please explain or list credentials

(LMFT, LPC, LCSW, MBA, MPA, MSN, etc)

70 - Please provide the following information for the board chair of your organization:

Board Chair Name

Board Chair Email

Survey Completion Signatures

71 - Please provide the following information about the person completing this survey:

First name *

Last name *

Phone number *

Email *

72 - I hereby certify that I have taken all reasonable steps to review and verify the above information and, to the best of my knowledge, the above information is truthful and accurate.

Executive Director/CEO Name *

Date *

Board Chair Name *

Date *

73 - If there is anything important you would like to clarify about your responses to any of the survey questions, please do so in the box below. *

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