

**MISSOURI ASSOCIATION OF COUNTY DEVELOPMENTAL DISABILITIES SERVICES
(MACDDS)
Targeted Case Management (TCM) Organization Application**

Date of Application: _____

Name of Organization _____

Physical Address: _____

Telephone Number: _____ **Fax Number:** _____

E-Mail _____ **Recipient / Title:** _____

Website Address: _____

Person making request: _____ **Title:** _____

Targeted Case Management Organizations shall be defined as those organizations which do not meet criteria as stated in the MACDDS bylaws as a County board, designated voting representative, affiliated public agency, or related private organization (RPO), and which provide targeted case management to persons with developmental disabilities on behalf of a County board, or within a County which does not have a county board.

Does this definition describe your organization?

Yes _____ **No** _____

The base annual membership fee is **\$2,000** plus \$1.00 for each person to whom the TCM organization provides targeted case management. The number of persons who receive TCM from the organization as of Dec. 1, 2017 is: _____ x \$1.00 = \$ _____

Base Fee	\$2000
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TOTAL DUES: \$ _____

As per MACDDS bylaws, TCM applications must be submitted and approved by the membership. The completed form with the check, payable in the amount of the total dues (as per above) to MACDDS, must accompany this application. If the application is not approved, the uncashed check will be returned.

Please mail completed form and payment to:
MACDDS Office
311 S. Providence Rd.
Columbia, MO 65203

Revised Dec. 2017