



WAFCC Standards Seals Application

General Information

Clinic Name: _____

Contact Name: _____

Title (Executive Director, Clinic Manager, etc): _____

Clinic Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Mailing address is the same as clinic location:

Mailing Address (If different from above): _____

City: _____ State: _____ Zip/Postal Code: _____

Clinic Phone: _____ Contact Phone: _____ Fax Number: _____

Website: _____ Contact Email: _____

Standards Information

Please indicate below the Standards Seal that you are applying for:

Bronze – Provisional

Silver – Standard

Gold – Distinguished

Note: Seals are awarded for one-year and all Standards are expected to be met for the entire year. WAFCC must be notified if there are any changes.

The Wisconsin Association of Free and Charitable Clinics will visit your clinic to review the documentation supporting the self-assessment “required” and “optimal” evidence. WAFCC encourages clinics to create a physical or electronic binder with the documentation and/or direction on where documentation can be located. On the lines below indicate three dates with times that would be convenient for WAFCC to visit your clinic.

1. _____ 2. _____ 3. _____



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Payment Information

All fees, including membership dues, must be paid and current at time of application or requesting for assistance. Standards assistance is FREE to WAFCC members. Standards assistance for non-WAFCC members is included in the \$500.00 application fee.

No Charge – WAFCC Member (membership benefit)

\$500 Non-WAFCC Member

Enclosed is my payment of \$500.00
 Check # _____

 Make checks payable to:
 WAFCC
 1256 Capitol Drive Suite #700
 Pewaukee, WI 53702

OR

Please bill my credit card:
 Credit card # _____
 Expiration Date: _____
 Security Code: _____
 Card Holders Name: _____
 Card Holders Signature: _____

Sign & Complete Application

Please attach the following documents to your application:

Standards Self-Assessment or
 Standards Tool Assessment
 Summary

990Form

W-9 Form

Memorandum of Understanding
 (Provisional Seal only)

Completed applications and back-up should be emailed to connor.doppler@wafccclinics.org and dennis.skrajewski@wafccclinics.org. Should you have any questions about the application process or Standards, please do not hesitate to contact WAFCC – Dennis Skrajewski, Executive Director (414) 308-6839 or Connor Doppler, Manager (763) 567-9572.

By signing below, I certify all information is true and correct to the best of my knowledge.

 Name (printed/typed)

 Signature

 Date (DD/MM/YYYY)

This project is funded in part by the Medical College of Wisconsin Advancing a Healthier Wisconsin Endowment. It is the policy of WAFCC not to discriminate on the basis of race, color, gender identification, sexual orientation, religion, national origin, disability, or veteran status.

OFFICE USE ONLY

Date Received: _____ Site Visit Date: _____ Seal awarded Y/N: _____ Date: _____