



ONEVOICE - for Prevention Treatment and Recovery Support Services

Founding Members

Aldie Foundation, Inc.
 Bucks County Council for Alcohol and Drug Dependence
 CADE
 Congreso de Latinos Unidos Consortium
 CORA Services
 Eagleville Hospital
 Gaudenzia, Inc.
 Good Friends, Inc.
 Horizon House, Inc.
 JEVS Human Services
 Libertae
 Livengrin Foundation, Inc.
 Mental Health Association of Southeastern, PA
 Message Carriers of Pennsylvania, Inc.
 NorthEast Treatment Centers
 Pennsylvania Association for the Treatment of Opioid Dependence
 Penn Foundation, Inc
 Pennsylvania Community Providers Association
 Philadelphia OIC
 Philadelphia Alliance
 Philadelphia Coalition
 PHMC
 PRO-A
 PRO-ACT
 RASE Project
 Re-Enter Inc.
 The Association for Independent Growth

Who We Are

OneVoice for Prevention Treatment and Recovery Support Services is a grassroots advocacy group.

Our Mission

Our mission is to show how we are promoting economic recovery economic through investment in the continuum of prevention, treatment, and recovery support services. To that end, we are proving we restore to society healthy functioning individuals who contribute to, and help build the economy.

What We Are Doing

We are building a business case which is being presented to federal, state/local legislators in personal meetings, as well as, by written correspondence. We are also reaching out to the media, opinion leaders, organizations, recovery champions and the community providing them with the tools they need to support our cause.

What We Are Asking of You

Join forces with OneVoice by adding your organization's voice to our campaigns and lend credibility, enhance visibility and broaden the reach of our message. We ask coalition participants at a minimum to: share information with your networks; participate in occasional conference calls, as well as, make visits when possible; and be a resource for advice and information.

Join OneVoice: Fill out the form below.

OneVoice for Prevention Treatment and Recovery Support Services: Sign-On Form

Organization/Individual:

Name: _____

Address: _____

Email: _____ Telephone _____

Your organization will be listed in materials as indicated to the left unless specified otherwise. Individuals are not listed as coalition members but will be included in activities.

Contact person (s):

Name _____ Title _____ email _____
 phone _____

Name _____ Title _____ email _____
 phone _____

I hereby, permit OneVoice to list the above organization in our membership .

Authorized person _____

Print name _____

Position _____

Date _____

# Served*	# Employees*	Payroll*	Taxes Paid by Org.*	Employee Tax Withholding*

Fax form to 215-348-3377 or contact Noni West at nwest@bccadd.org – 215.345.6644 X 3111

* This information is confidential. It is used to calculate the strength of the organization and will be used as an aggregate figure.