

AGENCY INFORMATION FORM
PLEASE FILL OUT COMPLETELY TO ENSURE ACCURACY

NAME OF AGENCY
(OFFICIAL NAME OF AGENCY)

Acronym

STREET ADDRESS

CITY

STATE

ZIP CODE

MAILING ADDRESS OF AGENCY (IF DIFFERENT FROM MAIN ADDRESS)

STREET ADDRESS

CITY

STATE

ZIP CODE

MAIN PHONE NUMBER FOR AGENCY
(AREA CODE FIRST)

FAX NUMBER

OTHER PHONE NUMBERS

TYPE OF AGENCY:
(PLACE AN "X" AFTER AT LEAST ONE)

FAITH BASED, NON-PROFIT

FAITH BASED, OTHER

FOR PROFIT

GOVERNMENTAL

EDUCATIONAL

MEDICAL

NON-PROFIT

NOT CLASSIFIED

PUBLIC HEALTH

SUPPORT GROUP

PRIVATE, NON-PROFIT

NATIVE AMERICAN PROGRAM

HOURS AND DAYS OF OPERATION OF AGENCY

NAME AND TITLE OF PERSON IN CHARGE OF AGENCY

E-MAIL ADDRESS

WEBSITE

AGENCY MISSION STATEMENT OR PURPOSE

NAME OF PERSON TO CONTACT FOR UPDATE

PHONE NUMBER

E-MAIL ADDRESS OF CONTACT

SIGNATURE

DATE

****PLEASE NOTE** IF YOU ARE RUNNING OUT OF FUNDS, TEMPORARILY DISCONTINUING YOUR SERVICE, OR HAVE ANY OTHER CORRECTIONS TO THE INFORMATION IN OUR DATABASE, PLEASE CONTACT THE RESOURCE DATABASE DEPARTMENT IMMEDIATELY. INCLUSION IN THE HEARTLINE DATABASE INDICATES YOUR WILLINGNESS TO PROVIDE US WITH UPDATED AGENCY/PROGRAM INFORMATION BY REQUEST AND AS NEEDED. REFERRALS MADE WITH ACCURATE AND COMPLETE INFORMATION WILL HELP OUR CALLERS AS WELL AS YOUR AGENCY IN THE REDUCTION OF UNNECESSARY INQUIRIES.**

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PROGRAM/SERVICE INFORMATION

PLEASE USE SEPARATE FORMS FOR EACH PROGRAM/SERVICE THAT YOU PROVIDE. PLEASE COPY THIS FORM IF YOU NEED MORE.

NAME OF PROGRAM/SERVICE

ADDRESS (only if different from Agency)

CITY

STATE

ZIP CODE

PHONE NUMBER (Area Code first)

FAX NUMBER

HOURS AND DAYS OF OPERATION OF PROGRAM/SERVICE

E-MAIL ADDRESS

WEBSITE

LIST ANY SPECIAL SERVICES YOU PROVIDE FOR PEOPLE WITH DISABILITIES, SEASONAL PROGRAMS, HOLIDAY ASSISTANCE

GEOGRAPHIC SERVICE AREA (statewide, county, city, zip code)

ELIGIBILITY REQUIREMENTS/RESTRICTIONS (income guidelines, residency, disability, age)

INTAKE PROCEDURE (forms, applications, verification agency or physician referral, waiting list)

FEES (fee structure, insurance accepted, Medicaid, Medicare, sliding scale)

IS PROGRAM LOCATION HANDICAPPED ACCESSIBLE? YES

NO

LANGUAGES SPOKEN OTHER THAN ENGLISH

PROGRAM DESCRIPTION

NAME AND TITLE OF PERSON IN CHARGE OF PROGRAM

PHONE NUMBER

DATE

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