

Agency Information

Please complete this form and return to: I&R Coordinator via mail: CONTACT Helpline, Inc., P.O. Box 90035, Harrisburg, PA 17109-0035 or e-mail: msaul@contacthelpline.org or fax completed form to 717 652-5017. Please feel free to call the I&R Coordinator on the Contact Business line (717) 652-4987 if you have questions.

Formal Name of agency/group: _____

Mailing address of agency/group: _____

Administrator of agency/group: _____ phone: _____

2nd administrator: _____ phone: _____

Agency/group Website: _____

Organization E-mail: _____

May we print the above address in our publications (circle one)? YES NO

May we print the above administrator(s) and phone number(s) in our publications? YES NO

I hereby certify that the above named agency meets one of the following criteria (circle one):

a) a not for profit agency

b) provides contracted services for a county or state organization _____

c) provides services on a sliding scale or other income-sensitive fee structure

I give permission to CONTACT Helpline to print our Service/Program information in its publications.

Signature: _____ Date: _____

Title: _____

Service/Program Information

Duplicate this sheet if your agency offers more than one service

Name of service/program: _____

Mailing address of program (if different from agency address)

Area Served (by county): _____

(ie. Dauphin, Cumberland, Perry or Tri-County Region)

Description of the Services Offered: _____

Meeting times (for support groups): _____

Eligibility requirements _____

Fees: _____

Is service site wheelchair accessible? YES NO PARTIAL _____

Are languages beside English spoken? NO YES _____

If you have a TTY, what is the phone number _____

At what location(s) is this service is offered:

Address _____

Contact Person: _____

Phone: _____

Days available: _____

Hours available: _____

Contact Person: _____

Phone: _____

Days available: _____

Hours available: _____

Address _____

Contact Person: _____

Phone: _____

Days available: _____

Hours available: _____

Contact Person: _____

Phone: _____

Days available: _____

Hours available: _____

For confidentiality purposes, do you wish to have CONTACT's phone numbers printed in place of the above in our publications? YES NO