

New Service Provider Form



Agency Name:
AKA:

Street Address:

Mailing Address:

Phone (main):

Toll-free:

Fax:

TTY:

Other:

Agency Director & Title:

Secondary Contact Person & Title:

Web Site:

Public E-Mail Address:

E-Mail Address to use for future PATH Updates:

Days & Hours of Operation:

Other Languages (in addition to English):

Geographic Area Served (counties):

Is your agency public transportation accessible (by local bus service)? Yes No

Facility Accessibility: Full wheelchair access No access Limited access N/A

Agency Type/Legal Status (choose one): Non-profit / 501(c)(3) Public/City
 Public/County Public/State Public/Federal Church Affiliated
 Support Group Coalition/Other Group Special District For-Profit/Proprietary

Facility Type: Agency Church School District Hospital/Clinic
 Government Office Group Home Community Center Other (please name)

Agency Funding – (check all that apply): Corporation Donations United Way
 Foundation Fees Fundraising FEMA HUD
 City funding County funding State funding Federal funding

Service Information

Provide a brief description of your agency/program. Provide a Program Name, if applicable. *If your agency has multiple programs or services, please photocopy this Service Information page for each additional program and fill it out separately.* Type or write on blank pages, if additional space is needed. (Also include brochures or other printed material that may be helpful.)

Maximum Income Guidelines (% of Federal Poverty Level, if applicable):

Documents required: Photo ID Birth Certificate Proof of Income Proof of Residency
 Social Security Card Immunization Record Other (please name)

Eligibility Requirements:

Fees: No fees Sliding Scale Vary Fixed Fees
 Donations requested Other (specify)

Method of Payment Accepted: Medicaid Medicare Private Insurance Private pay

Meeting Times, Location (i.e., support groups and other groups that meet on a regular basis):

Meeting Contact Person(s) + Phone Number:

Referral Procedures (i.e., by phone, walk-in, appointment):

Are there other sites associated with your agency where services are offered? Yes No

If yes, please include applicable contact information (site address, phone, hours, director) as well as the services provided at that site:

Please print the name of the person who filled out this form:

To email this form, you need to name it and save it on your computer – then, attach the file to an email and send to: swilliams@pathcrisis.org

or

Print the form and either ~

Fax: (309) 827-7485

Mail: Attn: Susan Williams, PATH, Inc., 201 E. Grove Street, Suite 200, Bloomington, IL 61701