

# CentreCountyInfo.org Agency Information Profile

For publication of your agency information in the Centre County Council for Human Services membership directory, and for listing on CentreCountyInfo.org, please fill out the following form and return to CCCHS.

**Month** of the year you would prefer to be asked for an update \_\_\_\_\_

**Person to contact** for updating agency information

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Official agency name** \_\_\_\_\_

**Agency name as known by public** \_\_\_\_\_  
(if different from official name)

**Mailing address**

Office/Building \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

**Physical Location**  
(if different from mailing address)

Office/Building \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

**Telephone numbers** (for client use):

Local ( ) \_\_\_\_\_  Office hours only  24-hour direct staff access  Off-hours answering service  Off-hours message recorder

Local ( ) \_\_\_\_\_  Office hours only  24-hour direct staff access  Off-hours answering service  Off-hours message recorder

Local ( ) \_\_\_\_\_  Office hours only  24-hour direct staff access  Off-hours answering service  Off-hours message recorder

Toll Free ( ) \_\_\_\_\_  Office hours only  24-hour direct staff access  Off-hours answering service  Off-hours message recorder

Fax ( ) \_\_\_\_\_ TTY (for hearing impaired) ( ) \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Agency website address** \_\_\_\_\_

**Main office hours:**

Monday \_\_\_\_\_

Friday \_\_\_\_\_

Tuesday \_\_\_\_\_

Saturday \_\_\_\_\_

Wednesday \_\_\_\_\_

Sunday \_\_\_\_\_

Thursday \_\_\_\_\_

**Ages served:** \_\_\_\_\_ years through \_\_\_\_\_ years

**Methods for clients to access services:**

\_\_\_\_\_ Self referral      \_\_\_\_\_ Agency/Physician referral      \_\_\_\_\_ Other \_\_\_\_\_

**Service delivery arrangements/availability:**

\_\_\_\_\_ Appointment      \_\_\_\_\_ Walk-in      \_\_\_\_\_ In-home      \_\_\_\_\_ Other \_\_\_\_\_

**Do clients usually experience a waiting period of more than 2 weeks for services, once requested?**

\_\_\_\_\_ No      \_\_\_\_\_ Yes, for all services      \_\_\_\_\_ Yes, for some services

**If Yes, how long does it usually take for clients to receive services?**

Number of days \_\_\_\_\_ Explain \_\_\_\_\_

**Are there any limitations on who may use your services?**

\_\_\_\_\_ No      \_\_\_\_\_ Yes      Explain \_\_\_\_\_

**How are clients charged for services?**

\_\_\_\_\_ No Fee      \_\_\_\_\_ Fixed Fee      \_\_\_\_\_ Sliding Scale Fee      Other \_\_\_\_\_

**Accepted payment methods:**

\_\_\_\_\_ Private insurance      \_\_\_\_\_ Self-pay      \_\_\_\_\_ CHAMPUS      \_\_\_\_\_ Medical Assistance  
\_\_\_\_\_ Credit card      Other \_\_\_\_\_

**Multilingual service availability:**

Immediate/On site: \_\_\_\_\_ Chinese      \_\_\_\_\_ Greek      \_\_\_\_\_ Polish      \_\_\_\_\_ Vietnamese      \_\_\_\_\_ Korean  
\_\_\_\_\_ French      \_\_\_\_\_ Italian      \_\_\_\_\_ Russian      \_\_\_\_\_ German      \_\_\_\_\_ Spanish  
Others \_\_\_\_\_

By prearrangement: \_\_\_\_\_ Chinese      \_\_\_\_\_ Greek      \_\_\_\_\_ Polish      \_\_\_\_\_ Vietnamese      \_\_\_\_\_ Korean  
\_\_\_\_\_ French      \_\_\_\_\_ Italian      \_\_\_\_\_ Russian      \_\_\_\_\_ German      \_\_\_\_\_ Spanish  
Others \_\_\_\_\_

**Wheelchair access:**

\_\_\_\_\_ To building      \_\_\_\_\_ Within building      \_\_\_\_\_ Restrooms      Other \_\_\_\_\_

**Parking arrangements:**

\_\_\_\_\_ Street      **Cost:** \_\_\_ Free/Voucher given      \_\_\_ Metered      \_\_\_ Pay booth  
\_\_\_\_\_ Parking lot/Garage      **Cost:** \_\_\_ Free/Voucher given      \_\_\_ Metered      \_\_\_ Pay booth

**Transportation options available to clients:**

\_\_\_\_\_ Bus      \_\_\_\_\_ Trolley      \_\_\_\_\_ Subway      \_\_\_\_\_ Train      \_\_\_\_\_ Taxi  
\_\_\_\_\_ Agency vehicle, standard      \_\_\_\_\_ Agency vehicle, wheelchair adapted      Other \_\_\_\_\_

**Affiliation and other relationships**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How is your organization funded (for example, government, private non-profit, etc.)?**

\_\_\_\_\_  
\_\_\_\_\_



**Education**

Educational Institutions/School  Educational Programs  Educational Support Services

**Environmental Quality**

Domestic Animal Services  Environmental Protection and Improvement  Municipal Services/Public Works  
 Public Health  Public Safety

**Health Care**

Emergency Medical Care  General Medical Care  Health Screening/Diagnostic Services  
 Health Supportive Services  Human Reproduction  Inpatient Health Facilities  
 Medical Laboratories  Outpatient Health Facilities  Rehabilitation/Habilitative Services  
 Specialized Treatment  Specialty Medicine  Substance Abuse Services

**Income Security**

Employment  Public Assistance Programs  Social Insurance Programs

**Individual and Family Life**

Death Certification/Burial Arrangements  Family Surrogate/Alternative Living Services  
 Individual and Family Support Services  Leisure Activities  
 Social Development and Enrichment  Spiritual Enrichment  Volunteer Opportunities

**Mental Health Care and Counseling**

Counseling Approaches  Counseling Settings  Mental Health Facilities  
 Outpatient Mental Health Care  Psychiatric Support Services  Special Psychiatric Programs

**Organizational/Community/International Services**

Arts and Culture  Community Economic Development  Community Groups  Community Services  
 Disaster Services  Information Services  International Affairs  Organizational Development  
 Occupational/Professional Associations

**Target Client Categories**

Age Groups  AIDS Recipients/Beneficiaries  Caregivers  Diseases/Disabilities  
 Educational Status  Ethnic Groups/National Origin  Paranormal/Extraterrestrial  
 Families/Individuals  Income Groups  Military Personnel  Occupations  
 Offenders  Religious Groups  Gender-based  Sexual Orientation/Gender Identity  
 Transients  Urban/Rural Location  Victims/Survivors  Volunteers  
 Other

**In TEN (10) sentences or less, describe the purpose of your organization:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_