

ODHH Directory of Resources and Services

Update Your Organization

Please complete this form to correct or make additions to your organization's profile. The directory is updated monthly. Your additions or corrections will not be reflected immediately

Other than your name, please complete
ONLY FILEDS THAT CONTAIN NEW OR CORRECTED INFORMATION

Below is a list of categories that are used in the Directory. Select all categories that apply to your organization.

- | | |
|--|--|
| <input type="checkbox"/> Americans with Disabilities Act & Legal | <input type="checkbox"/> Advocacy and Independent Living |
| <input type="checkbox"/> Assistive Animals & Technology | <input type="checkbox"/> Captioning |
| <input type="checkbox"/> Communication Access Realtime Translation | <input type="checkbox"/> Cochlear Implants |
| <input type="checkbox"/> County Agencies | <input type="checkbox"/> Drug & Alcohol |
| <input type="checkbox"/> Education | <input type="checkbox"/> Employment and Training |
| <input type="checkbox"/> Family Resources | <input type="checkbox"/> Financial Support |
| <input type="checkbox"/> Hearing Aids and Resources | <input type="checkbox"/> Intellectual/Developmental Disabilities |
| <input type="checkbox"/> Interpreter Referral Services | <input type="checkbox"/> Interpreter Resources |
| <input type="checkbox"/> Libraries | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Organizations for Individuals Who are Deaf | <input type="checkbox"/> Organizations for Individuals Who are Deaf-Blind PA State |
| <input type="checkbox"/> Organizations for Individuals Who are Hard of Hearing | <input type="checkbox"/> Government |
| <input type="checkbox"/> Religious Organizations | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Summer Camps | <input type="checkbox"/> Support Groups |
| <input type="checkbox"/> Other | |

*** Name of Organization**

Street Address

Please provide your telephone numbers. Include numbers for Voice, TTY, Videophone, static IP address, and any others.

Telephone: Voice Number

Telephone: Other

Telephone: TTY Number

Telephone: Other

Telephone: Videophone

Fax number

Telephone Static IP address

Calling Instructions

Website address

Email address

AIM screen name

Hours of operation (100 words or less)

Description of your organization (100 words or less)