

Please complete this form to add or update your organization's profile to our directory. The directory is updated monthly.

Complete the fields that have an asterisk (\*) in order for the form to be submitted successfully. Include as much information as possible.

**\*Select all categories that apply to your agency/organization.**

Mental Health Services

Drug and Alcohol Services

Intellectual/Developmental Disability Services

Support Groups

**\*Name of Organization**

**\*Address**

\*Please provide your telephone numbers.  
Include numbers for Phone, TTY, videophone, and any others.

**Telephone:**

**Telephone: TTY Number**

**Telephone: Videophone**

**Telephone: Other**

**Fax Number**

**Website**

**Email address**

**\*Population(s) Served** (please check all appropriate boxes.)

Adult

Children

Families

**\*Type of services offered:**

Advocacy

Behavioral Management

Case Management

Consultation

Crisis Management

Drug and Alcohol Services

Educational Services

Emotional Support

Family Based Services

Independent Disability Related Services

Medication Management

Outpatient Therapy

Partial Hospital Programming

Psychological Testing/Evaluation

Residential Programming

School-based Treatment

Vocational Services

Wrap Around Services

Other (Please describe)

## **Reimbursement**

**Qualifications of Staff** (mental health credentials, I.E. Masters Degree in Clinical Counseling)

**Staff Experience** (describe knowledge and experience of working with people who are deaf or hard of hearing. I.E. knowledge of effective hearing loss management, familiarity with technology, or fluency in American Sign Language)

**Accreditation**

**Mission/Description of Your Organization/Agency**