

I am: Adding a program Updating existing program

Contact Information

Name: _____ Title _____

Address: _____

Phone: _____ Email: _____

Fax: _____

Program Information

Agency title: _____

Agency type: _____

Person in charge: _____

Description: _____

Eligibility (how to qualify your program): _____

Intake procedure: _____

Hours: _____

Ages served: _____

Website: _____

Fees

Payment due, insurance, payment methods: _____

Additional Information

Handicap accessible, sign language: _____

Appointment necessary: _____

Keywords to search (example: transportation): _____

Program Category

- Clothing,
- Counseling/crisis service
- Disaster service
- Education/training
- Employment assistant
- Financial services
- Food
- Health/medical
- Holiday assistance (toys for tots)
- Legal services
- Senior service
- Shelter
- Transportation services
- United way Initiative / Programs
- Volunteer Opportunities
- Homeless

Areas Served

- Coles Clark Cumberland Shelby Effingham Jasper Edgar Moultrie Douglas

Referral to CORD

I verify this information is accurate and I am submitting this for inclusion in / updating the Community Online Resource Directory.

Complete by: _____

Date: _____

Please return form to:

Healthy Communities

Harley Powley

Email: Cord@sblhs.org

102 W Buchanan Ave. Charleston IL 61920

Ph: 217-345-6822

or upload on the CORD page