

Application for Inclusion in Connections 2015

Please use this form to submit information about your agency or program, or to make any changes to your current listing.
Photocopy this form as needed, if you wish to submit information on multiple programs.

We reserve the right to exclude any listing or to edit information.

PLEASE PRINT CLEARLY

Agency Name: _____

Agency Address: _____

Agency Phone: _____ Agency Fax: _____

Agency Website: _____

Program Name: _____

Brief Description: _____

Hours of Operation: _____

Where are you services provided? Broward Miami-Dade In-Home Broward In-Home Miami-Dade

Is your agency a 501c3 not-for-profit or governmental? Yes No

Are there fees for your services? Yes No

Do you accept? Medicare Medicaid Insurance Private Pay Only Sliding Scale

TDD/TYY (Telephone for Hearing Impaired)? Yes No TTD/TYY Phone #: _____

Multilingual Services Available? Spanish French Creole American Sign Language Other _____

Your Name _____ Your Title _____

Your Contact Phone: _____ Your Email: _____

**Mail Application to: MENTAL HEALTH ASSOCIATION OF SOUTHEAST FLORIDA
Attn: Connections 2013
7145 W. Oakland Park Blvd.; Lauderhill, FL 33313-1012**

Or Fax to:

(954) 746-6373

Questions? Call (954) 746-2055