Application for Inclusion in Connections 2019

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/TTY (Telephone for Hearing Impaired)? □ Yes □ No TDD/TTY 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 2019
7145 W. Oakland Park Blvd.
Lauderhill, FL 33313-1012

Or Fax to: (954) 746-6373
Questions? Call (954) 746-2055 ext#106