



Contact Information

Name: _____ Title: _____

Department: _____

Telephone: _____ Fax: _____

E-mail: _____

Emergency Phone (after hours) _____

Program Information

Program Title: _____

Program Description: _____

Address: _____

Mailing Address: (if different) _____

Ages Served: _____

Eligibility: _____

Area Served: _____

Seasonal Program: _____

Intake Procedure: _____

Appointment Necessary: _____

Hours of Business: _____

Fees/Charges

Fees/Dues: _____

Payment Methods: _____

Operating Agency

Agency Name: _____

Agency Type: _____

Agency Accreditation: _____

Web Page Address: _____

Additional Information

Translator Available: _____

Are Facilities Handicap Accessible: _____

Keywords: _____

Referral to CORD

Please list other agencies/programs that should be included in CORD. Use a separate piece of paper if necessary.

Agency Name: _____ Program Name: _____

Contact: _____ Telephone: _____

I verify this information is accurate and I am submitting it to CORD for inclusion/update in the Community Online Resource Directory.

Completed by

Date