PROGRAM/SERVICE INFORMATION

PLEASE USE SEPARATE FORMS FOR EACH PROGRAM/SERVICE THAT YOU PROVIDE. PLEASE COPY THIS FORM IF YOU NEED MORE.

NAME OF PROGRAM/SERVICE

ADDRESS (only if different from Agency)

CITY STATE ZIP CODE

HOURS AND DAYS OF OPERATION OF PROGRAM/SERVICE

E-MAIL ADDRESS

WEBSITE

LIST ANY SPECIAL SERVICES YOU PROVIDE FOR PEOPLE WITH DISABILITIES, SEASONAL PROGRAMS, HOLIDAY ASSISTANCE

GEOGRAPHIC SERVICE AREA (statewide, county, city, zip code)

ELIGIBILITY REQUIREMENTS/RESTRICTIONS (income guidelines, residency, disability, age)

INTAKE PROCEDURE (forms, applications, verification agency, or physician referral, waiting list)

FEES (fee structure, insurance accepted, Medicaid, Medicare, sliding scale)

IS PROGRAM LOCATION HANDICAPPED ACCESSSIBLE? YES NO

LANGUAGES SPOKEN OTHER THAN ENGLISH

PROGRAM DESCRIPTION

NAME OF PERSON TO CONTACT FOR UPDATE PHONE NUMBER

DATE

****PLEASE NOTE** IF YOU ARE RUNNING OUT OF FUNDS, TEMPORARILY DISCONTINUING YOUR SERVICE, OR HAVE ANY OTHER CORRECTIONS TO THE INFORMATION IN OUR DATABASE, PLEASE CONTACT THE RESOURCE DATABASE DEPARTMENT IMMEDIATELY. INCLUSION IN THE HEARTLINE DATABASE INDICATES YOUR WILLINGNESS TO PROVIDE US WITH UPDATED AGENCY/PROGRAM INFORMATION BY REQUEST AND AS NEEDED. REFERRALS MADE WITH ACCURATE AND COMPLETE INFORMATION WILL HELP OUR CALLERS AS WELL AS YOUR AGENCY IN THE REDUCTION OF UNNECCESARY INQUIRIES.**

HeartLine
Oklahoma's Community Crisis Connection

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