


Form to Add or Update Listing

Please complete the form as applicable to your organization.
 You may also include any agency/program brochures or flyers with your submission.
We reserve the right to edit entries for clarity and length.

ORGANIZATION NAME:	
Name & Title of Executive Director/CEO:	NOT PUBLISHED
Email of Executive Director/CEO:	NOT PUBLISHED
Physical Address <input type="checkbox"/> Check here if physical address is confidential	Mailing Address (If applicable)
Website:	Public E-Mail:
Main Phone:	Toll Free:
Fax:	TDD/TTY:

Please list a contact person in case we have questions or need more information:	
Name:	Phone & Email:
NOT PUBLISHED	NOT PUBLISHED

Check if your organization is available on any of the following social media:

Please give a brief description of your agency -- or attach a brochure if available.

Authorization is granted to include our organization in the *Houston HIV Resource Guide* (commonly known as *"The Blue Book"*)

Name/Title: _____ Date: _____

If you have questions about this form, please contact Diane Beck at diane.beck@cjo.hctx.net.

PROGRAM INFORMATION - Part 1

Please complete pages 2 and 3 for **EACH PROGRAM** and/or **LOCATION**.

NAME OF PROGRAM: (if applicable, NOT the organization name) _____

PROGRAM LOCATION: Check if same as organization address. Check if program location is confidential.

Address _____ Accessible to persons with disabilities?

City, State Zip _____

HOURS & DAYS OF OPERATION: _____

METRO BUS ROUTE(S): _____

PROGRAM PHONE NUMBERS: (only if different from the main phone numbers)

Main: _____ Intake: _____ Fax: _____ Toll-Free: _____

TTY/TDD: _____ Other (Specify type): _____

REGION (area of Houston/or direction from Houston)

- Central (inside Loop 610)
 North
 Northeast
 Northwest
 South
 Southeast
 Southwest
 East
 West

NEIGHBORHOOD (Subdivision/Houston Super Neighborhood designation. If rural, specify county): _____

SERVICE AREA: Check here if there are NO service area restrictions

List the area(s), zip code(s) and/or counties served: _____

POPULATIONS ELIGIBLE FOR THIS PROGRAM: (check all that apply)

- HIV ONLY**
 Men
 Women
 Transgender
 Adult (over 18)
 Youth (ages 13-18)
 Child (ages 0-12)
 Families with Children
 Homeless
 Immigrants / Refugees
 Drug / Alcohol users &/or those in recovery
 Recently Released from jail / prison
 EVERYONE IS ELIGIBLE
 Other (specify): _____

FEES: Free Sliding Scale Medicare / Medicaid Flat fee Insurance Cash/Credit Card
 CHIP Financing available Other (specify): _____

INTAKE PROCEDURE: Appointment required Walk-ins accepted Referral required Limited availability
 Call for Intake Other (specify): _____

DOCUMENTS REQUIRED: State-issued ID Social Security card Birth certificate Proof of Residence
 Proof of Income Insurance card Other (specify): _____

DESCRIBE SERVICES PROVIDED BY THIS PROGRAM: (Attach brochure / flyer if available) _____

*** PROGRAM INFORMATION CONTINUED ON NEXT PAGE ***

PROGRAM INFORMATION - Part 2

INCLUDE IN SPANISH? Check here **ONLY** if Spanish-speaking staff is available during **ALL** regular hours of operation.

DESCRIBE SERVICES PROVIDED BY THIS PROGRAM IN SPANISH: (Attach brochure / flyer if available) _____

SERVICE CATEGORIES: *Select the service category(ies) for this program to be listed in.*

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Case Management <input type="checkbox"/> Chemical Dependency: 12 Step & Support Groups <input type="checkbox"/> Chemical Dependency: Detox <input type="checkbox"/> Chemical Dependency: Outpatient Treatment <input type="checkbox"/> Chemical Dependency: Inpatient Treatment <input type="checkbox"/> Chemical Dependency: Residential Treatment <input type="checkbox"/> Children's Services: Day Care <input type="checkbox"/> Children's Services: Medical Services <input type="checkbox"/> Children's Services: Supportive Services <input type="checkbox"/> Clinics: HIV <input type="checkbox"/> Clinics: Other <input type="checkbox"/> Clothing & Household Items <input type="checkbox"/> Day Programs & Respite Care for Adults <input type="checkbox"/> Deaf & Hard of Hearing Services <input type="checkbox"/> Dental Services <input type="checkbox"/> Education Programs <input type="checkbox"/> Employment & Training Services <input type="checkbox"/> Eye Care <input type="checkbox"/> Financial Assistance (rent, utilities, etc.) <input type="checkbox"/> Food Assistance <input type="checkbox"/> Formerly Incarcerated Resources <input type="checkbox"/> Funeral Assistance <input type="checkbox"/> Funeral, Burial & Cremation Services <input type="checkbox"/> Funeral Education & Information <input type="checkbox"/> Hepatitis C (resources / services) <input type="checkbox"/> HIV & STI Testing <input type="checkbox"/> Home Assistance & Home Health Care <input type="checkbox"/> Hospice Care <input type="checkbox"/> Housing Assistance (help to find housing) <input type="checkbox"/> Housing: Emergency Shelters | <ul style="list-style-type: none"> <input type="checkbox"/> Housing: HOPWA-funded <input type="checkbox"/> Housing: Long-term Housing <input type="checkbox"/> Housing: Short-term <input type="checkbox"/> Housing: Transitional Housing <input type="checkbox"/> Information & Hotlines <input type="checkbox"/> Insurance: ACA assistance <input type="checkbox"/> Insurance: Premium & co-pay assistance <input type="checkbox"/> Legal Services <input type="checkbox"/> Legal Services: Immigration <input type="checkbox"/> Legal Services: Advocacy <input type="checkbox"/> Medical Equipment <input type="checkbox"/> Mental Health: Counseling <input type="checkbox"/> Mental Health: Inpatient treatment <input type="checkbox"/> Mental Health: Outpatient treatment <input type="checkbox"/> Miscellaneous Services <input type="checkbox"/> Nutrition & Wellness <input type="checkbox"/> Pharmacies (ADAP/THMP) <input type="checkbox"/> PrEP & Prevention Services <input type="checkbox"/> Prescription Assistance <input type="checkbox"/> Social Support & Activities <input type="checkbox"/> Support Groups <input type="checkbox"/> Transportation <input type="checkbox"/> Treatment Information & HIV Clinical Trials <input type="checkbox"/> Veterans' Services <input type="checkbox"/> Volunteer Opportunities <input type="checkbox"/> Women's Services: Housing <input type="checkbox"/> Women's Services: Medical Services <input type="checkbox"/> Women's Services: Support Services <input type="checkbox"/> Youth/Teen Services: Housing <input type="checkbox"/> Youth/Teen Services: Medical Services <input type="checkbox"/> Youth/Teen Services: Support Services |
|---|--|