

**Ryan White Planning Council
HIV/AIDS Resource Guide - The Blue Book**

Form to Add or Update Agency Listing

PLEASE RETURN TO:
 Ryan White Planning Council
 Attn: Diane Beck
 2223 W. Loop South, Suite 240; Houston, TX 77027
 Fax: (713) 572-3740 ♦ Phone: (713) 572-3724
 Email: diane.beck@cjo.hctx.net

**In order to be listed in the Blue Book HIV/AIDS Resource Guide,
 please provide all information requested.**

We reserve the right to edit entries submitted for publication for clarity and length.

PLEASE TYPE OR PRINT CLEARLY

AGENCY/ORGANIZATION NAME:	
Name & Title of Executive Director/CEO:	
Physical Address: ___ Check here if your physical address is confidential <input type="checkbox"/> Check here if accessible to persons with disabilities	Mailing Address: ___ Check here if <u>all mail</u> should be sent to this address
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: ()

Please give a brief description of your agency & the services provided or attach a brochure if available.

Authorization is granted to include our organization in the *Houston Area HIV/AIDS Resource Guide* (commonly known as “*The Blue Book*”)

Printed Name _____ Title _____

Signature _____ Date _____

If you have questions about this form, please contact Diane Beck at 713 572-3724 or diane.beck@cjo.hctx.net.

PROGRAM INFORMATION

Type or print clearly. Please copy and complete pages 2 & 3 for **EACH PROGRAM** and/or **LOCATION**.

NAME OF PROGRAM: (NOT Agency/Organization Name) _____

PROGRAM LOCATION: Check here if same as the Agency. If program address is confidential, provide the mailing address.

Address _____ Accessible to persons with disabilities?

City, State Zip _____

HOURS/DAYS OF OPERATION: _____

METRO BUS ROUTE(S): _____

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

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

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

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

HIV/AIDS ONLY Men only Women only Adults only Youth (ages 13-18) Children (ages 0-12)

Families with Children Homeless Immigrants / Refugees Drug/Alcohol users / those in recovery

Recently Released from jail / prison **EVERYONE IS ELIGIBLE** Other (specify) _____

FEES: Free Sliding Scale Medicare / Medicaid Flat fee (same for all) Private Insurance

CHIP Financing available Other (specify) _____

INTAKE PROCEDURE: Appointment required Walk-ins accepted Limited availability Referral required

Call for Intake **DOCUMENTS REQUIRED:** _____

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

INCLUDE IN SPANISH? Check here **ONLY** if Spanish-speaking staff is available during **ALL** regular hours of operation and provide a description of services **in Spanish:** _____

PROGRAM NAME: _____

REGION: (Check ONE for each program location)

Central North Northwest Northeast South Southwest Southeast East West

NEIGHBORHOOD / SUBDIVISION (If rural, specify city & county): _____

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

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

SERVICE CATEGORIES: *Please select the stand-alone service category(ies) for each program.*

Case Management	Housing: Transitional Housing
Chemical Dependency: 12 Step/Support Groups	Information Lines & 24-Hour Hotlines
Chemical Dependency: Outpatient Treatment	Insurance: Medical
Chemical Dependency: Inpatient Treatment	Insurance: Viatical Settlements
Chemical Dependency: Residential Treatment	Legal Services
Children's Services: Medical Care	Legal: Immigration
Children's Services: Day Care	Legal: Advocacy
Children's Services: Support Services	Medical Equipment
Clinics: HIV Primary Care Clinics	Mental Health: Counseling
Clinics: Other Clinics	Mental Health: Hospitals
Clothing & Household Items	Mental Health: Support Groups
Consumer Assistance	Miscellaneous Services
Day Programs & Respite Care (for Adults)	Nursing Homes
Deaf & Hard of Hearing Services	Nutrition & Wellness
Dental Services	Pharmacies
Education Programs: HIV / Health-related	Prescription / Medication Assistance
Education Programs: ABE / GED	Prevention Services (HIV/STD)
Education Programs: Other	Public Assistance (government)
Employment & Training Services	Social Support & Activities
Eye / Vision Care	Speakers Bureau (HIV/STD)
Financial Assistance (Rent, utilities, etc.)	Transgender Services
Food Pantry / Meals	Transportation Services
Funerals, Burial & Cremation	Treatment Information & HIV Clinical Trials
HIV & STD Testing	Veterans' Services
Home Assistance & Home Health Care	Volunteer Opportunities
Hospices (Home & facility-based)	Women's Services: Medical Care
Hospitals	Women's Services: Housing
Housing Assistance (help to find housing)	Women's Services: Support Services
Housing: Emergency Shelters	Youth/Teen Services: Medical Care
Housing: Long-term Housing	Youth/Teen Services: Housing
Housing: Short-term	Youth/Teen Services: Support Services

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