



## Organization/Provider Data Form

### BASIC INFORMATION

Date:

Resource Type:  New  Update

County office/organization/resource is located in:

### CONTACT INFORMATION

Organization Name:

Description of Organization and services/resources provided:

County and/or counties served in Kentucky (if county specific):

Organization Contact:  Email:

Contact Phone Number:  Contact Fax Number:

Organization Address:

City:  State:  Zip:

Phone Number:  Fax Number:  Toll Free:

Organization email (if applicable):

Website: http://

Additional Information:

### OTHER

Referral Required?  Yes  No

Payment Options (if applicable check all that apply):

Sliding Scale  Medicare  Medicaid  Private Insurance

Other (explain)

Hours (optional):

Sunday:	<input type="text"/>	Monday:	<input type="text"/>
Tuesday:	<input type="text"/>	Wednesday:	<input type="text"/>
Thursday:	<input type="text"/>	Friday:	<input type="text"/>
Saturday:	<input type="text"/>	Special Hours:	<input type="text"/>

