



United Way
of Greater McHenry County

New Service Provider Form

1) Agency Name (legal name):		Enter Name	
2) AKA (acronym, popular or former name):		Enter AKA	
3) Program Name (only if program exists):		Enter Program Name	
4) Street Address:	Enter Street Address		
City, State, Zip:	Enter City	Enter State	Enter Zip Code
Mailing Address:	Enter Mailing Address		
City, State, Zip:	Enter City	Enter State	Enter Zip Code
5) Telephone Number(s)	Main:	Enter Number	Fax: Enter Number
	Toll-free #	Enter Number	TTY: Enter Number
6) Agency Director & Title:		Enter Name	
7) Secondary Contact Person & Title:		Enter Name	
8) URL/Web Site:		Enter Web Site	
9) Primary/Public E-Mail Address:		Enter E-Mail Address	
E-Mail Address for updating purposes:		Enter E-Mail Address	
10) Days & Hours:		Enter Days & Hours	
11) Other Language(s):	<input type="checkbox"/> Spanish	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Other
12) Geographic Area Served:	<input type="checkbox"/> McHenry County	<input type="checkbox"/> Lake County	<input type="checkbox"/> Kane County
	<input type="checkbox"/> Other IL counties	<input type="checkbox"/> State of Illinois	<input type="checkbox"/> Nationwide Service
13) Is your agency public transportation accessible (by local bus service)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
14) Facility Accessibility:	<input type="checkbox"/> Full wheelchair access	<input type="checkbox"/> No access	<input type="checkbox"/> Limited access <input type="checkbox"/> N/A
15) Agency Type/Legal Status (choose one):	<input type="checkbox"/> Non-profit / 501(c)(3)		<input type="checkbox"/> For-Profit/Proprietary
	<input type="checkbox"/> Public/City	<input type="checkbox"/> Public/County	<input type="checkbox"/> Public/State
	<input type="checkbox"/> Public/Federal	<input type="checkbox"/> Church Affiliated	<input type="checkbox"/> Support Group
	<input type="checkbox"/> Unincorporated	<input type="checkbox"/> Coalition/Other	<input type="checkbox"/> Special District

16) Facility Type:	<input type="checkbox"/> Agency	<input type="checkbox"/> Church	<input type="checkbox"/> School
	<input type="checkbox"/> Hospital	<input type="checkbox"/> Clinic	<input type="checkbox"/> Government Office
	<input type="checkbox"/> Group Home	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> Other
17) Agency Funding:	<input type="checkbox"/> United Way	<input type="checkbox"/> Donations	<input type="checkbox"/> Corporation
	<input type="checkbox"/> Foundation	<input type="checkbox"/> Fees	<input type="checkbox"/> Private fundraising
	<input type="checkbox"/> City funding	<input type="checkbox"/> County funding	<input type="checkbox"/> State funding
	<input type="checkbox"/> Federal funding	<input type="checkbox"/> FEMA	<input type="checkbox"/> HUD
18) Maximum Income Guidelines (% of Federal Poverty Level):			Enter Maximum Income Percent
19) Documents required:	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Proof of Income	<input type="checkbox"/> Proof of Residency
	<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Other
20) Eligibility Requirements:	Please provide narrative here.		
21) Provide a brief description of your agency/program. (Also include brochures or other printed materials that might be helpful.)			
Please provide program narrative here.			
22) Fees:	<input type="checkbox"/> No fees	<input type="checkbox"/> Sliding Scale	<input type="checkbox"/> Vary
	<input type="checkbox"/> Fixed Fees	<input type="checkbox"/> Donations requested	<input type="checkbox"/> Other
23) Method of Payment Accepted:	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	
	<input type="checkbox"/> Private Insurance	<input type="checkbox"/> Private pay	
24) Referral/Application Procedures (i.e., by phone, walk-in, appointment):			
Provide narrative of procedures here.			
25) Meeting Times, Location (i.e., support groups and other groups that meet on a regular basis):			
Provide information on groups and meetings here.			
Meeting Contact Person(s) + Phone Number:			
Provide information for meeting contacts here.			
26) Are there other sites associated with your agency where services are offered?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please include applicable contact information (site address, phone, hours, director) as well as the services provided at that site:			
Please provide all other information here.			
27) Please print the name of the person who filled out this form and date.			
Please provide information on person completing form here.			

You may return this form to PATH via e-mail, mail, or fax (for questions, call Susan at 309/834-0513).
 Fax: (309) 827-7485 swilliams@pathcrisis.org PATH, Inc., 201 E. Grove Street, Bloomington IL 61701