

Youth in Crisis Resource and Referral Network Membership Information

Agency Name: _____

Provider Name: _____ Gender: Male Female

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Agency Credentials: _____

Provider Credentials: _____

Years in Practice: _____

Areas of Service (*check all that apply*):

Population

- Adolescents
- Adults
- Children
- Couples
- Older Adults

Specialization

- Abuse/Neglect
- Adoption
- Anxiety Disorders
- Bilingual Services
- Caregiver Support
- Childcare
- Court/Juvenile Justice
- Depression/Suicidal Ideation
- Divorce/Mediation
- Domestic/Sexual Violence
- Eating Disorders
- Educational Consulting
- Educational Testing
- Employment Services
- Faith-Based Services
- Family Disruption
- Other _____

- Financial Assistance
- Forensic
- Grief/Loss
- Housing
- Individuals with Disabilities
- Learning Disabilities
- Legal Aid
- LGBTQ Issues
- Medical/General Health
- Medication Review
- Mentoring
- Parenting
- Peer/Patient Support
- Psychological Evaluations
- Recreation
- Self – Harming Behaviors
- Substance Use/Abuse

Mode

- Families
- Groups
- Individuals
- Workshops
- Other _____

Hours: _____ Fee Scale: _____

Do you accept insurance? Yes No If yes, which ones: _____

Will you consider a pro-bono case? Yes No Please provide details: _____

Other information that we should know: _____

I/My agency would be interested in:

	Self	Agency
Receiving referrals from JFS intake worker	<input type="checkbox"/>	<input type="checkbox"/>
Requesting resource information from JFS intake worker/resource directory	<input type="checkbox"/>	<input type="checkbox"/>
Referring clients to JFS for wrap-around case management services	<input type="checkbox"/>	<input type="checkbox"/>
Conducting professional development workshops	<input type="checkbox"/>	<input type="checkbox"/>
Being listed in the resource directory	<input type="checkbox"/>	<input type="checkbox"/>
Being listed in the online directory	<input type="checkbox"/>	<input type="checkbox"/>
Donating materials/literature to the Network Resource Library	<input type="checkbox"/>	<input type="checkbox"/>
Serving on a committee to build the Network	<input type="checkbox"/>	<input type="checkbox"/>

Other areas of interest: _____

If available at this time, please attach the following information:

- Photocopy of professional liability coverage of limits and expiration date
- Photocopy of state license/certification
- Curriculum Vitae (Resume) which includes, education, post-graduate training, professional experience, credentials and professional memberships

Signature

Date

For questions or more information please contact Lisa Keefauver, Youth and Family Services Program Coordinator, at (734) 769-0209 or lisa@jfsannarbor.org.

(For Office Use Only)

Date	Notes