

2010 IL HIV Services Directory

Agency Update Form

Agency Name	
Contact Person	
Address	
City	
State	
Zip	
Complete Phone #	
Complete Fax #	
Complete TDD/TTY #	
Email Address	
Website	

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****This is a free listing**

Geographic Location: (This refers both to your agency's physical location and your service area. Check all that apply)

<input type="checkbox"/> A-Downtown	<input type="checkbox"/> D-West Side	<input type="checkbox"/> G-South Suburbs	<input type="checkbox"/> J-Illinois
<input type="checkbox"/> B-North Side	<input type="checkbox"/> E-North Suburbs	<input type="checkbox"/> H-Southwest Suburbs	<input type="checkbox"/> K-National
<input type="checkbox"/> C-South Side	<input type="checkbox"/> F-Northwest Suburbs	<input type="checkbox"/> I-West Suburbs	

Fees:

<input type="checkbox"/> D- Medicaid
<input type="checkbox"/> E- Set Fee
<input type="checkbox"/> F- Free
<input type="checkbox"/> I- Private Insurance
<input type="checkbox"/> P- Public Aid Accepted
<input type="checkbox"/> Q- Medicare
<input type="checkbox"/> S- Sliding Scale

People Served:

<input type="checkbox"/> A=AIDS Diagnosis	<input type="checkbox"/> N=Incarcerated
<input type="checkbox"/> B=Bilingual	<input type="checkbox"/> R=Handicap Accessible
<input type="checkbox"/> C=Children (0-12)	<input type="checkbox"/> T=Transgender
<input type="checkbox"/> G=Seniors (50+)	<input type="checkbox"/> V=Veterans
<input type="checkbox"/> H=HIV Diagnosis	<input type="checkbox"/> Y=Youth (13-24)
<input type="checkbox"/> K=Evenings/Weekends	<input type="checkbox"/> W=Women
<input type="checkbox"/> M=Men	<input type="checkbox"/> X=All

Service Categories:

<input type="checkbox"/> Aging & HIV	<input type="checkbox"/> Home Healthcare & Long-term Care	<input type="checkbox"/> Pastoral & Spiritual Support
<input type="checkbox"/> Alternative Therapies	<input type="checkbox"/> Hospice Care	<input type="checkbox"/> Public Assistance
<input type="checkbox"/> Case Management	<input type="checkbox"/> Hospitals	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Child & Family Services	<input type="checkbox"/> Housing Placement	<input type="checkbox"/> Needle Exchange
<input type="checkbox"/> Clinical Trials	<input type="checkbox"/> Information & Education	<input type="checkbox"/> HIV Testing & Counseling
<input type="checkbox"/> Dental Care	<input type="checkbox"/> Legal Assistance & Advocacy	<input type="checkbox"/> Transportation
<input type="checkbox"/> Financial Assistance	<input type="checkbox"/> Medical healthcare	
<input type="checkbox"/> Food & Basic Needs	<input type="checkbox"/> Mental Health & Emotional Support	

Languages:

Include agency in Spanish directory?----Yes

If you wish, you may provide a brief description of your practice in English and/or Spanish

English Description:

Spanish Description:

<input type="text"/>	<input type="text"/>
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Confirmation Signature:

Date Signed:

(Required for your office/practice to be included in the Directory)