

2011 HIV Services Directory

Agency Update Form

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



Agency Description: (Please provide a brief description of the HIV services your agency offers)

Include agency in Spanish directory? No Yes if yes, please provide a Spanish Agency Description below:

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-South west Suburbs	<input type="checkbox"/> K-National
<input type="checkbox"/> C-South Side	<input type="checkbox"/> F-Northw est 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:

KEY for PEOPLE SERVED

A=AIDS Diagnosis	K=Evenings/Weekend	V=Veterans
B=Bilingual	M=Men	Y=Youth (13-24)
C=Children (0-12)	N=Incarcerated	W=Women
G=Seniors (50+)	R=Handicap Accessit	X=All
H=HIV Diagnosis	T=Transgendered	

Languages:

Service Categories: (Check all that apply to your agency.)

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

Confirmation Signature:

Date Signed:

(Required for your organization to be included in the Directory)