



SHIP Profile

1. Program Name:

*(the name of this state's
SHIP Program)*

2. Program Director:

*(the name of the director for this
state's SHIP Program)*

3. Address:

*(the street address of this state's
SHIP office)*

4. Email:

*(the primary email address to
reach this state's SHIP office)*

5. Phone:

*(the primary phone number to
reach this state's SHIP office)*

6. Fax:

*(the primary fax number to reach
this state's SHIP office)*

7. Web Site:

*(the Web site URL for this state's
SHIP office)*

8. Available Languages:

*(the different languages that
counselors may speak in this
state's state and local SHIP offices;
however, there is no guarantee
that such languages are always
available statewide)*
