

Service

Full Description: _____

Contact Person: **(Only add Contact Person here if different from Director given in question 3 *or* if contacts differ by service.)** _____

Eligibility: Who is eligible for this service?

Eligibility Requirements: _____

Application Process: How would someone apply for this service?

Walk-in _____ Telephone _____ Call to Schedule Appointment _____

Apply Online _____ Other _____

Referral Required: By Whom? _____

Fees: Are individuals charged for your services? What is your fee structure?

No Fee _____ Straight Fee: please specify _____

Sliding Scale Fee _____ Insurance: Medicaid/TennCare _____ Medicare _____ Private _____

Required Documents: What would someone need to bring when applying?

No Documents _____ State Issued I.D. _____ Social Security Card _____ Proof of Residence _____ Proof of Income _____ Birth Certificate _____ Medical Records _____ Psych Records _____ Proof of Need _____ Utility Bill _____ Utility Bill Cutoff Notice _____

Proof of Citizenship _____ Proof of Public Assistance _____ Drivers License _____

Other: Specify _____