TO: 

FROM: CAROL YOUNG, OFFICE COORDINATOR

We are currently updating our records and would like you to review and complete this form. Please return the form by email or fax ASAP. Thank You

ORGANIZATION: 

ADDRESS: 

CITY: 

County: 

PHONE: 

ORG E-MAIL: 

WHO IS THE ADMINISTRATIVE CONTACT?

FIRST NAME: 

LAST NAME: 

PHONE: 

EXTENSION: 

OVER
PLEASE ANSWER ALL OF THE FOLLOWING:

DRUG / ALCOHOL ASSESSMENTS □ YES □ NO
IS ANYONE SAP QUALIFIED? □ YES □ NO
CRITICAL INCIDENT DEBRIEFING □ YES □ NO
THREAT ASSESSMENT □ YES □ NO
WELLNESS WORKSHOPS □ YES □ NO

PLEASE LIST WORKSHOPS:

WHAT POPULATION WILL YOU SEE?

OLDER ADULTS (>65) □ YES □ NO
ADULTS □ YES □ NO
ADOLESCENTS □ YES □ NO
CHILDREN (<12) □ YES □ NO

PM HOURS: □ YES □ NO
WEEKEND HOURS: □ YES □ NO