



10. **Eligibility** (example, 'homeless men', 'battered women and their children', 'HIV+ adults', 'visually impaired', etc):

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11. Required **Documentation**:      None Required      Picture ID      Social Security Card      Proof of Residence      Other

12. **Accessibility**:      Designated Parking      Indoor Wheelchair Access      Outside Ramps      Elevators      No Access

13. **Intake** Procedure:      Walk-In      Telephone      Appointment Only      Referral Required: by whom? \_\_\_\_\_

14. **Fees**:      No Fees/Charges      Straight Fee (specify): \_\_\_\_\_

Sliding Fee Scale (specify eligibility and range): \_\_\_\_\_

15. **Description** of agency/program as you would like it to read in the profile (note: this description will be edited for consistency):

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16. **Primary** services offered to the public: \_\_\_\_\_

16. Services are consistently provided in the following **languages**:

English      Spanish      Vietnamese      American Sign Language      Other (specify):

17. **Volunteer** Opportunities with your organization (list position titles): \_\_\_\_\_

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*The above described organization is operating legally, with both facilities and staff that are licensed and credentialed to provide the services offered. We offer services that are available to the general public of southeast Louisiana and are not limited to members of specific groups or organizations. This organization meets all federal, state, and local laws, requirements, and regulations including fire, health, and zoning codes. We will respond in a timely fashion to VIA LINK'S periodic requests for profile information updates to information supplied in this application. To the best of my knowledge, all of the preceding information is true and correct.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_