



VIA LINK Community Resource Directory

Application for Programs

Please complete this form in its entirety, either typing or printing legibly. Do not forget to sign the application in the space provided. If you have any questions regarding completion of this form, you may call 504-708-4027 or email Resources@vialink.org.

1. **Parent Agency Name:** _____

2. **Program Name:** _____

2. **501c3 Number** (for Faith-based and Community-based non-profits): _____

3. **Parent Agency Type** (check one):

Non-Profit	Faith-Based Non-Profit*	For-Profit
Federal Government	State Government	Parish/City Government

***Photocopy of parent provider's 501c3 letter must be on file.**

4. Person in **Charge:** _____ **Position Title:** _____

5. Physical **Address** of Organization (complete a separate **page** for **each** additional branch/satellite location):

Address: _____ Parish: _____

City: _____ State: _____ Zip Code: _____

Is physical address **confidential**? Yes No

Mailing Address of the Organization (if different than physical address or if physical address is confidential):

Address: _____ Parish: _____

City: _____ State: _____ Zip Code: _____

6. **Telephone:** _____ **Fax:** _____

You may list up to three additional phone lines with descriptions (example, "Helpline, 111-111-1111"):

(1) _____

(2) _____

(3) _____

7. Program **Website:** _____ Program Contact **Email Address:** _____

8. Regions / **Areas Served** (example, "Slidell and surrounding areas"): _____

Zip Codes Served: _____

Parish(es) Served: _____

Directional **Landmarks** (example, “across from Lee Circle”): _____

9. Regular **Office Hours** of Operation: Su Mo Tu We Th Fr Sa from _____ am or pm To _____ am or pm

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

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):

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): _____

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: _____

**VIA LINK Contacts: Wyolene Davis - Resource Specialist
504-708-4027 Phone /504-708-4020 FAX**

Scan & Email Completed applications/attachments to: Resources@vialink.org

Fax Completed Application and Any Attachments To: 504-708-4020