



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

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Administrative Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please Identify Services You Are Able to Provide for Us:

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
Telehealth	YES	NO
In Person	YES	NO

Insurances Accepted: \_\_\_\_\_

Specialties/Certifications: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Questions? Call Jenny Reilly at (610) 477-9856 or email preferred\_eap@lvhn.org