

Naples Alliance for Children Resource Directory Information. Information obtained for the NAFC directory will never be distributed to others without prior permission.

## NAFC RESOURCE DIRECTORY APPLICATION

**PLEASE PROVIDE COMPLETE INFORMATION FOR YOUR AGENCY, SERVICE OR BUSINESS.**

**IT IS IMPORTANT THAT YOU COMPLETE THE CATEGORY LISTING FORM**

Please **PRINT** of **TYPE** (Use additional paper if necessary) Red Fields are mandatory.

**Name of Agency/Service/Business** \_\_\_\_\_

**Director/Owner:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Number(s)** \_\_\_\_\_ **Fax** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Internet Home Page http://** \_\_\_\_\_

**Florida State License #** \_\_\_\_\_ **Other #** \_\_\_\_\_  
(if applicable)

**Purpose:**

**Services: (Include Ages Served, Activities, and Programs)**

**Fees: None \_\_\_\_\_ Insurance \_\_\_\_\_ Private Pay \_\_\_\_\_ Sliding Scale**  
\_\_\_\_\_

**Eligibility requirements (if any):**

PLEASE CHECK ONLY PRIMARY SERVICES  
 If you offer counseling services check the appropriate area served

- |   |  |
|---|--|
| <input type="checkbox"/> ABUSE/NEGLECT                        | <input type="checkbox"/> FOUNDATIONS                                 |
| <input type="checkbox"/> ACTIVITIES/ATTRACTIONS               | <input type="checkbox"/> GOVERNMENT                                  |
| <input type="checkbox"/> ADHD/HYPERACTIVITY                   | <input type="checkbox"/> HEALTH ASSISTANCE                           |
| <input type="checkbox"/> ADOPTION                             | <input type="checkbox"/> HEALTH: PHYSICAL                            |
| <input type="checkbox"/> AIDS/HIV                             | <input type="checkbox"/> HEARING IMPAIRED                            |
| <input type="checkbox"/> ALCOHOL ABUSE                        | <input type="checkbox"/> HOMELESS                                    |
| <input type="checkbox"/> ALZHEIMERS                           | <input type="checkbox"/> HOSPITALS/CLINICS                           |
| <input type="checkbox"/> ANIMALS                              | <input type="checkbox"/> HOUSING                                     |
| <input type="checkbox"/> AUTISM SPECTRUM DISORDER             | <input type="checkbox"/> HUMAN TRAFFICKING                           |
| <input type="checkbox"/> BLINDNESS/ VISUALLY IMPAIRED         | <input type="checkbox"/> IMMIGRATION                                 |
| <input type="checkbox"/> BRAIN/SPINAL CORD INJURY             | <input type="checkbox"/> INSURANCE                                   |
| <input type="checkbox"/> BUSINESS                             | <input type="checkbox"/> INTERPRETER SERVICES (INCLUDING DEAF)       |
| <input type="checkbox"/> CAR SEATS                            | <input type="checkbox"/> KINSHIP CARE                                |
| <input type="checkbox"/> CAREER COUNSELING                    | <input type="checkbox"/> LEGAL                                       |
| <input type="checkbox"/> CEREBRAL PALSY                       | <input type="checkbox"/> LIBRARIES                                   |
| <input type="checkbox"/> CHILD CARE REFERRALS                 | <input type="checkbox"/> LITERACY                                    |
| <input type="checkbox"/> CHURCHES/SYNAGOGUES                  | <input type="checkbox"/> MEDICARE                                    |
| <input type="checkbox"/> COURT RELATED                        | <input type="checkbox"/> MEDICAID                                    |
| <input type="checkbox"/> DEAF/HEARING                         | <input type="checkbox"/> MENTAL HEALTH (CHILDREN)                    |
| <input type="checkbox"/> DEATH AND DYING                      | <input type="checkbox"/> MENTAL HEALTH (ADOLESCENCE)                 |
| <input type="checkbox"/> DENTAL                               | <input type="checkbox"/> MENTAL HEALTH (ADULT)                       |
| <input type="checkbox"/> DIABETES                             | <input type="checkbox"/> MENTORING                                   |
| <input type="checkbox"/> DISABILITIES: DEVELOPMENTAL/LEARNING | <input type="checkbox"/> MISSING CHILDREN                            |
| <input type="checkbox"/> DISABILITIES: NEUROLOGICAL           | <input type="checkbox"/> ORGANIZATIONS                               |
| <input type="checkbox"/> DISABILITIES: PHYSICAL               | <input type="checkbox"/> PARKINSONS                                  |
| <input type="checkbox"/> DISASTER/HURRICANE                   | <input type="checkbox"/> POVERTY/LOW INCOME                          |
| <input type="checkbox"/> DIVORCE/SEPARATION                   | <input type="checkbox"/> PREGNANCY                                   |
| <input type="checkbox"/> EATING DISORDER                      | <input type="checkbox"/> RAPE  |
| <input type="checkbox"/> EDUCATION: CHILDREN                  | <input type="checkbox"/> RESPITE CARE: ADULT                         |
| <input type="checkbox"/> EDUCATION: EARLY CHILDHOOD           | <input type="checkbox"/> RESPITE CARE: CHILDREN (SITTERS)            |
| <input type="checkbox"/> EDUCATION: PARENT                    | <input type="checkbox"/> SAFETY/SECURITY                             |
| <input type="checkbox"/> EDUCATION: PRIVATE                   | <input type="checkbox"/> SENIOR SERVICES/ISSUES                      |
| <input type="checkbox"/> EDUCATION: PUBLIC                    | <input type="checkbox"/> SIGHT IMPAIRED                              |
| <input type="checkbox"/> EDUCATION: SUPPLEMENTAL              | <input type="checkbox"/> SPEECH                                      |
| <input type="checkbox"/> EDUCATION: VOCATIONAL                | <input type="checkbox"/> SPINA BIFIDA                                |
| <input type="checkbox"/> EMERGENCY ASSISTANCE                 | <input type="checkbox"/> SUBSTANCE ABUSE:<br>(DRUGS/ALCOHOL/TOBACCO) |
| <input type="checkbox"/> EMPLOYMENT SERVICES                  | <input type="checkbox"/> SUICIDE                                     |
| <input type="checkbox"/> ENERGY ASSISTANCE                    | <input type="checkbox"/> TEENS                                       |
| <input type="checkbox"/> EPILEPSY                             | <input type="checkbox"/> TRANSPORTATION                              |
| <input type="checkbox"/> FAMILY ISSUES                        | <input type="checkbox"/> TOURETTES SYNDROME                          |
| <input type="checkbox"/> FAMILY PLANNING                      | <input type="checkbox"/> VIOLENCE                                    |
| <input type="checkbox"/> FINANCIAL (DIRECT ASSISTANCE)        |  |
| <input type="checkbox"/> FOOD/CLOTHING ASSISTANCE             |  |
| <input type="checkbox"/> FOSTER CARE                          |  |
- OTHER: \_\_\_\_\_