



ARKANSAS TRAUMA REHABILITATION

Agency Application

Date Received (For Office Use Only) _____

Please read the Arkansas Trauma Rehabilitation Resource Database Inclusion/Exclusion Policy to see if your agency qualifies to be listed in the database. If your agency meets these criteria, please complete and return this application so we may consider including your organization among our resources. All information you supply will be available to the general public and through our Call Center. **There are no fees to be listed or to receive referrals.** Arkansas Trauma Rehabilitation staff members thank you and welcome a call if you have questions about this application.

Agency Name _____ Date Submitted _____

Type of agency: For-profit companies *other than* hospitals, hospices, or those offering *unique* services are not eligible to be listed in the database. If your for-profit agency does not fit within this criteria, please disregard this application.

For-profit Hospital Hospice Faith-Based Government Federal State County City
 Non-profit 501(c)(3) Non-profit 501(c)(6) Support Group Other _____

Wheelchair Accessible? Yes No N/A

Near Public Transit? Yes No N/A

Street Address (If this is a confidential, please check the box and skip to *Mailing Address*) Confidential Address

City _____ County _____ State _____ ZIP+4 _____

Mailing Address (If this is the same as Street address, check the box and skip to *Phone*) Same as Street Address

City _____ State _____ ZIP+4 _____

Phone (with area code) _____ Fax (with area code) _____

TDD/TTY (with area code) _____ Emergency number _____

Other phone(s) _____

Email address (used for general contact by the public) _____

Website Address _____

Languages available: English Spanish American Sign Language Other _____

How do you prefer people contact you? (check all that apply)

Telephone Email Referrals Walk-in Website Write

Other: _____

Agency Director's Name and Title _____

When the public contacts your agency, who should people communicate with?

Agency Director Public Contact Other (indicate below)

Public Contact's Name and Title _____

Arkansas Trauma Rehabilitation updates its database annually. **Who is the proper contact to provide updates?**

Agency Director Public Contact Other (indicate below)

Update Contact's Name and Title _____

Update Contact Information (If different from Agency contact information)

Mailing Address _____

City _____ **State** _____ **ZIP+4** _____

Phone (with area code) _____ **Fax (with area code)** _____

Email _____

May anyone use your services? Yes No. **If no, explain who may use your services below.**

Where areas do you serve? All of Arkansas Nationally Internationally Other Counties or Cities served:

Agency Mission Statement

Days and Hours of Operation 24 Hour 1st 2nd 3rd 4th Sunday _____ to _____

Monday _____ to _____ Tuesday _____ to _____ Wednesday _____ to _____

Thursday _____ to _____ Friday _____ to _____ Saturday _____ to _____

Accreditation/Affiliation (list any organizations with which your agency is accredited or affiliated)

Funding Sources Grants Donations Foundation Fundraisers Fees Other (Please specify):

Forms of Payment Private Insurance Medicaid Medicare Client Expense None Other

Donation opportunities. Please describe the types of donations you accept, if any, and whether your agency will pick up those donations.

Volunteer opportunities. Please describe your agency's volunteer needs and who you would consider qualified to fill those needs.

Programs and Services

Please provide names and brief descriptions of your agency's programs and services. Be sure to include any special eligibility requirements or documentation necessary for clients to participate in your programs or receive your services. Also, please include the names and titles of specific people in charge of individual programs along with their contact information.

If your agency has multiple locations, please include that information below. If you need more space, please attach a separate sheet. If you prefer, you may attach brochures or other printed materials that describe what you do. Please note: entire mission statements are not guaranteed inclusion in the database.

Please send completed application to: Heather Browning, Health Educator
Arkansas Trauma Rehabilitation
1501 N. University, Suite 400
Little Rock, AR 72207
(501) 683-3435
atrp.info@arkansas.gov