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**2-1-1 REOURCE DATABASE REQUEST FOR LISTING**

**Mental Health Services** in Marathon, Portage, Lincoln, Oneida, and Vilas Counties

**AGENCY INFORMATION**

Agency Name: Click or tap here to enter text.

Name & Title of Person in Charge: Click or tap here to enter text.

Street Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

Mailing Address (if different from Street Address): Click or tap here to enter text.

Main Office Phone: Click or tap here to enter text. Toll Free: Click or tap here to enter text.

Fax: Click or tap here to enter text.

Agency Email: Click or tap here to enter text.

Agency Website: Click or tap here to enter text.

Agency Type:

[ ] Non-Profit [ ] For-Profit [ ] Faith Based [ ] Coalition/Group [ ] Government [ ] Tribal

Brief description of your agency:

Click or tap here to enter text.

**SERVICE INFORMATION**

Service Name: Click or tap here to enter text.

Street Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

Mailing Address (if different from Street Address): Click or tap here to enter text.

Service Office Phone: Click or tap here to enter text. Toll-Free: Click or tap here to enter text.\_

TTY/TDD: Click or tap here to enter text. Fax: Click or tap here to enter text.

Service Email: Click or tap here to enter text.

Service Website: Click or tap here to enter text.

**Service Contact Information (public contacts):**

Primary Public Contact

Name & Title: Click or tap here to enter text.

Phone: Click or tap here to enter text. Extension: Click or tap here to enter text.

Email: Click or tap here to enter text.

Alternate Contacts

Name & Title: Click or tap here to enter text.

Phone: Click or tap here to enter text. Extension: Click or tap here to enter text.

Email: Click or tap here to enter text.

Name & Title: Click or tap here to enter text.

Phone: Click or tap here to enter text. Extension: Click or tap here to enter text.

Email: Click or tap here to enter text.

Mental health professionals on staff include (check all that apply):

 [ ] Psychiatrist

 [ ] Psychologist

 [ ] Nurse Practioner

 [ ] Other: Click or tap here to enter text.

Description of services offered (please attach additional pages if needed):

Click or tap here to enter text.

Specialties (check all that apply):

[ ] Abuse

[ ] Child Abuse

[ ] Emotional Abuse

[ ] Physical abuse

[ ] Sexual abuse

[ ] Other: Click or tap here to enter text.

[ ] Alcohol Abuse

 Treatment services offered:

 [ ] Assessment for clients only

 [ ] Assessment for anyone in need

 [ ] Comprehensive Outpatient Treatment

 [ ] Counseling

 [ ] Day Treatment

 [ ] Other:

[ ] Drug Abuse

 Treatment services offered:

 [ ] Assessment for clients only

 [ ] Assessment for anyone in need

 [ ] Comprehensive Outpatient Treatment

 [ ] Counseling

 [ ] Day Treatment

 [ ] Other: Click or tap here to enter text.

[ ] Psychiatric Disorder Counseling

 Please specify focus areas:

[ ] ADD/ADHD [ ] Anxiety [ ] Bipolar Disorder

[ ] Depression [ ] Eating Disorders [ ] Learning Disabilities

[ ] Multiple Personality Disorder [ ] Obsessive Compulsive Disorder

[ ] Panic Disorder [ ] Post-Traumatic Stress Disorder

[ ] Reactive Attachment Disorder [ ] Schizophrenia

[ ] Anger Management [ ] Co-Dependency [ ] Couples [ ] Dual Diagnosis

[ ] Farmers’ Issues [ ] Gender Identity [ ] Grief/Mourning [ ] Hoarding

[ ] Marriage [ ] Military/Veterans’ Issues [ ] Parenting [ ] Religious Issues

[ ] Self-esteem [ ] Sexuality [ ] Sexual Addiction [ ] Sexual Orientation

[ ] Smoking Cessation [ ] Stress Management [ ] Trauma

[ ] Other: Click or tap here to enter text.

Treatment Approach and Type of Therapy (check all that apply):

[ ] Behavior Modification [ ] Biofeedback [ ] Couples

[ ] EMDR [ ] Family [ ] Group [ ] Hypnosis [ ] Individual

[ ] Distance; specify (e.g. phone, teletherapy, internet): Click or tap here to enter text.

[ ] Other: Click or tap here to enter text.

Therapy Groups Offered:

Name and Type of Group: Click or tap here to enter text.

Meeting Days/Times: Click or tap here to enter text.

Name and Type of Group: Click or tap here to enter text.

Meeting Days/Times: Click or tap here to enter text.

Name and Type of Group: Click or tap here to enter text.

Meeting Days/Times: Click or tap here to enter text.

Check the services provided and if they are available to anyone who is in need or clients only or both:

 Open Clients

 [ ] Psychiatric assessment and evaluations [ ]  [ ]

 [ ] Psychological testing [ ]  [ ]

 [ ] Prescription services [ ]  [ ]

 [ ] Medication Management/Monitoring [ ]  [ ]

Ages Served: Click or tap here to enter text.

Eligibility: Click or tap here to enter text.

Application/Intake Procedure: Click or tap here to enter text.

What to Bring to First Appointment: Click or tap here to enter text.

Fees: Click or tap here to enter text.

Method of Payment Accepted:

[ ] BadgerCare [ ] Medicaid [ ] Medicare [ ] Private Pay

[ ] Private Insurance [ ] Sliding Fees [ ] Other: Click or tap here to enter text.

Service Hours of Operation: Click or tap here to enter text.

Interpreter Service/American Sign Language Available: Click or tap here to enter text.

Geographic Area Served (e.g., city, county, statewide):Click or tap here to enter text.

**Person Responsible for Verifying Agency and Service Information in the 2-1-1 Database**

Name & Title: Click or tap here to enter text.

Phone: Click or tap here to enter text. Extension: Click or tap here to enter text.

Email: Click or tap here to enter text.

***I authorize United Way’s 2-1-1 to include this information in their resource database and to share with individuals who contact them for information and referrals.***

**May we include your information in our public online database?** [ ] **Yes** [ ] **No**

**May we include your information in our print publications?** [ ] **Yes** [ ] **No**

Your Name & Title: Click or tap here to enter text.

Email: Click or tap here to enter text. Phone: Click or tap here to enter text.

Today’s Date: Click or tap here to enter text.

Please submit this request by:

E-mail to mschreiber@unitedwaymc.org,

Fax at (715) 848-2929,or

Mail to

United Way’s 2-1-1

United Way of Marathon County

705 S. 24th Ave. Ste. 400B

Wausau, WI 54401

If you have questions or need assistance filling out the form, please contact United Way’s 2-1-1 Resource Specialists at (715) 848-2927, Monday – Friday, 8:00am – 5:00pm.

**Internal Use Only**

Date of Receipt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meets Inclusion Policies \_\_\_ Yes \_\_\_ No

Staff Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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