

New listing for website

Updating information already on website



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We are compiling an up to date list of available resources in our tri-state community.

Complete this form in full and email back to us.

Be sure to include your contact information in case we need additional information.

Resource listing name: _____

Physical Address: _____

Office Phone: _____ Fax: _____

Website URL: _____

Contact person: _____ Email: _____

Services/resources offered: _____

Which demographic(s) do you serve? Pediatric Adolescent Adult Geriatric

Coverage area(s): WV KY OH

If coverage is limited please mark state(s) and counties where you provide services:

Do you accept state insurances (Medicaid, Medicare, etc): Yes No

Private insurance accepted: Yes No

If you only accept specific insurance carriers please list: _____

Do you assist families with required paperwork and necessary insurance pre-certifications? Yes No

Please mark the main area you specialize in (one selection only):

Starting Out Advocacy Caregiver Supports Education Employment

Financial Resources Independent Living Mobility/Adaptive Devices/Accessibility

National Resources State Programs Other* (list): _____

*If you select Other, be very clear & concise about what your area of specialty is.