

ORGANIZATION DATA SHEET & QUESTIONNAIRE

for the Directory of Health & Human Services for Pregnant Women & Families in SCNY
provided by Mothers & Babies of South Central New York

PLEASE COMPLETE THIS FORM & RETURN IT TO MOTHERS & BABIES PERINATAL NETWORK
VIA FAX AT (607) 772-0468 OR VIA MAIL AT 457 STATE STREET, BINGHAMTON, NY 13901.

AS WE HAVE ALREADY GONE TO PRINT WITH OUR DIRECTORY,
NEW AND EDTTED LISTINGS WILL BE UPDATED ONLINE ONLY UNTIL OUR NEXT PUBLICATION.

Form Completed by: _____ Today's Date: _____

Organization Name: _____ Acronym: _____

Former Organization Name (if applicable): _____

Address: _____
Street City State Zip Code County

Area(s) Served: _____ Broome County _____ Otsego County
Check all that apply _____ Chenango County _____ Tompkins County
_____ Cortland County _____ Tioga County
_____ Delaware County _____ Other: _____

Website: _____ E-Mail (general inquiries): _____

Contact Numbers: Main Phone: (____) _____ Alternate: (____) _____
Toll Free: (____) _____ Fax: (____) _____
Hotline: (____) _____ TTY: (____) _____

Hours (general): Monday: _____ Friday: _____
Tuesday: _____ Saturday: _____
Wednesday: _____ Sunday: _____
Thursday: _____ Walk-in's accepted?: Yes / No

Eligibility Requirements (general): _____

Services / Programs: _____
Use an additional page if necessary.

Payment Options: _____ Medicaid _____ Child Health Plus _____ Family Health Plus _____ Private Insurance
Check all that apply _____ Self Pay _____ Sliding Scale _____ Free _____ Other: _____

1. Is your organization listed in the 2006 directory? Yes No
2. Do you find the directory helpful? Please explain. Yes No

3. What is the estimated number of referrals per week you make using this directory? _____

4. What changes would you suggest for the directory? _____

5. Please note any appropriate organizations not currently listed in the directory: _____

ORGANIZATION DATA SHEET & QUESTIONNAIRE (cont.)

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Below is a list of Service Categories.

Please check only those that primarily apply to the service(s) your organization provides.

- | | |
|---|---|
| <input type="checkbox"/> Abuse / Violence | <input type="checkbox"/> Healthcare: Medical Providers – Hospitals |
| <input type="checkbox"/> Addiction: Smoking Cessation | <input type="checkbox"/> Healthcare: Medical Providers - Family Practice w/Obstetrics |
| <input type="checkbox"/> Addiction: Substance Abuse | <input type="checkbox"/> Healthcare: Medical Providers – GYN only |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Healthcare: Medical Providers – OB/GYN |
| <input type="checkbox"/> Child Care: Resource & Referral | <input type="checkbox"/> Healthcare: Medical Providers – Pediatric |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Healthcare: PCAP & MOMS |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> High-Risk Mothers And Infants |
| <input type="checkbox"/> Disability Services | <input type="checkbox"/> HIV / AIDS |
| <input type="checkbox"/> Education: Child Birth | <input type="checkbox"/> Home Visitation |
| <input type="checkbox"/> Education: Head Start | <input type="checkbox"/> Information / Referral |
| <input type="checkbox"/> Emergency Assistance: General | <input type="checkbox"/> Job Training / Employment Counseling |
| <input type="checkbox"/> Emergency Assistance: Housing | <input type="checkbox"/> Legal Advocacy / Assistance |
| <input type="checkbox"/> Family Planning / Reproductive Health | <input type="checkbox"/> Nutrition: Breastfeeding |
| <input type="checkbox"/> Family Resource Centers (FRC) | <input type="checkbox"/> Nutrition: Food Pantries |
| <input type="checkbox"/> Financial Management / Counseling | <input type="checkbox"/> Nutrition: WIC |
| <input type="checkbox"/> Gov't Agency: Departments Of Health | <input type="checkbox"/> Parenting Instruction / Information |
| <input type="checkbox"/> Gov't Agency: Departments Of Social Services | <input type="checkbox"/> Pregnancy Testing & Counseling Options |
| <input type="checkbox"/> Health Insurance: Facilitated Enrollment | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Health Insurance: Medicaid | <input type="checkbox"/> Teen Services |
| <input type="checkbox"/> Healthcare: Dental Providers | <input type="checkbox"/> Transportation |