

# NC Council of Community Programs 2010 Directory Provider Listing Form

Complete this form and EMAIL or fax (919) 755-0697 or email it to [jean@nc-council.org](mailto:jean@nc-council.org) BY **MARCH 10, 2010**. The cost of this listing is \$100, please make check payable to: NC Council of Community Programs, 505 Oberlin Road, Suite 100, Raleigh, NC 27605. As a Provider listed in the 2010 Directory, you will receive a **20% discount on Directories** purchased. If you have questions call Jean Overstreet at (919) 327-1510.

SERVICES, X APPROPRIATE CATEGORY(S):

- |  |  |
|--|--|
| <input type="checkbox"/> MENTAL HEALTH   | <input type="checkbox"/> DEVELOPMENTAL DISABILITIES                                    |
| <input type="checkbox"/> SUBSTANCE ABUSE | <input type="checkbox"/> DD CASE MANAGEMENT <input type="checkbox"/> MR/MI ADULT       |
| <input type="checkbox"/> CHILD SERVICES  | <input type="checkbox"/> SPECIALTY SERVICES <input type="checkbox"/> CAP/MR-DD         |
|  | <input type="checkbox"/> DUAL DIAGNOSIS (MH/SA) <input type="checkbox"/> MOBILE CRISIS |

SERVICE REGIONS:  REGIONAL  LOCAL  STATEWIDE

## Name Of Organization

**Basic Services** (only list 6 please, use abbreviation when appropriate)

**Specialty Services** (only list 6 please, use abbreviation when appropriate)

**Provider Endorsement** \_\_\_ Yes; \_\_\_ No

## Accreditations

**Contact** (include county in address: example Raleigh (Wake), NC, Zip)

Name & Title:

Address:

Phone:

Fax:

**Other Service Locations** (list cities)

**Email:**

**Website:**

\_\_\_ YES, I would like to run a Provider Listing in next year's Directory, please be sure to contact

Email address \_\_\_\_\_