

AGENCY UPDATE / ADDITION FORM

Please complete this form, indicating if information about your agency or another agency has changed. Once complete, please email, mail, or fax to the Crime and Justice Institute at Community Resources for Justice (contact information on second page).

Date: _____

Revised/New Information:	
Agency Name: <i>Revise?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency Type: <i>Revise?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><i>Please check all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Administrative Issues <input type="checkbox"/> Clothing <input type="checkbox"/> Connections <input type="checkbox"/> CORI <input type="checkbox"/> Education <input type="checkbox"/> Emergency Hotlines <input type="checkbox"/> Employment <input type="checkbox"/> Faith Based Organizations <input type="checkbox"/> Food <input type="checkbox"/> Fuel Assistance </div> <div style="width: 35%;"> <ul style="list-style-type: none"> <input type="checkbox"/> Hotline <input type="checkbox"/> Housing <input type="checkbox"/> Legal <input type="checkbox"/> Other Groups: _____ <input type="checkbox"/> Sex Offenders <input type="checkbox"/> Shelters <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Support Groups <input type="checkbox"/> Transportation <input type="checkbox"/> Veterans <input type="checkbox"/> Women and Families </div> </div>
Public Contact Name: (provided for consumers) <i>Revise?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency Street Address, City, Zip: <i>Revise?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone #: <i>Revise?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fax #: <i>Revise?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Website Address: <i>Revise?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Email Address: <i>Revise?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Services Provided: <i>Revise?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Revised/New Information:	
Service Hours: <i>Revise?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cost/Fees: <i>Revise?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Restrictions/ Requirements: (i.e. residency, length of stay, verification of need, etc.) <i>Revise?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Wait Time: <i>Revise?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Transportation: <i>Revise?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Languages: <i>Revise?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Locations: <i>Revise?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Private Contact Information (for internal CJ use only)	
Private Contact Name:	
Private Contact Email:	
Private Contact Phone #:	