



**Chesapeake HELPS!**  
**1-866-722-HLPS (722-4577)**

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CCCRC/Chesapeake College•P.O Box 8•Wye Mills, MD 21679  
Tel: 410-822-5400 Ext. 325•Fax: 410-827-7121•TDD Line 410-827-4513

**PLEASE PRINT OUT THIS FORM, COMPLETE IT  
AND FAX BACK TO  
410-827-7121**



- **Intake:** What are your intake procedures (please check or fill-in circle)?
  - Walk-in
  - Telephone
  - Appointment Only
  - Referral Required: by whom? \_\_\_\_\_
  
- **Program Capacity** (number of people program can serve): \_\_\_\_\_
  
- **Program Affiliation** (is program affiliated with national org.): \_\_\_\_\_
  
- **Licensing/Accreditation** (is program licensed/accredited?): \_\_\_\_\_
  
- **Service Area:** Please indicate the area(s) serve: \_\_\_\_\_  
\_\_\_\_\_
  
- **Fees:** Are individuals charged for your services? What is your fee structure?
  - No Fee
  - Straight fee (please specify): \_\_\_\_\_
  - Sliding Fee Scale (please specify eligibility and range): \_\_\_\_\_  
\_\_\_\_\_
  - Method of payment accepted: \_\_\_\_\_
  
- **Languages: In addition to English, what languages does your staff speak?**
  - Spanish
  - American Sign
  - Literature available in Spanish
  - Other: \_\_\_\_\_
  - N/A
  
- **Required Documentation:**
  - None Required
  - Picture ID
  - Social Security Card
  - Proof of Residence/Lease
  - Proof of Income
  - Birth Certificate
  - Medical or Psychiatric Records
  - Other: \_\_\_\_\_
  
- **Public Transportation:** Is your facility within 3 or 4 blocks of public transportation?
  - Yes...If yes, please list stop location: \_\_\_\_\_
  - No
  
- **Accessibility:** What accommodations does your facility provide to people with disabilities as defined by the Americans with Disabilities Act (ADA)?
  - Elevators
  - Indoor Wheelchair access
  - Designated Parking
  - Outside Ramp
  - No access

- **Please indicate your organizational status:**
  - Federal
  - State
  - County
  - City
  - Non-Profit/Religious
  - Non-Profit/Other
  - For-Profit
  
- **Volunteer Opportunities:** Does your organization offer volunteer opportunities?
  - No
  - Yes...If yes, please provide the following information:
    - May we list your organization as accepting volunteers? Yes No
    - When do you have volunteer opportunities? \_\_\_\_\_  
\_\_\_\_\_
    - What types of opportunities are available? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
    - What is the minimum age to volunteer? \_\_\_\_\_
    - Do you accept groups as volunteers? Yes No
    - Do you accept families with children as volunteers? Yes No
    - Do you accept court-ordered volunteers? Yes No
    - Do you have seasonal volunteer opportunities for Thanksgiving, Christmas or other holidays? Please specify: \_\_\_\_\_  
\_\_\_\_\_
    - Volunteer Coordinator or Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
  
- **If your organization meets the criteria to be included in our written products, website or publications, do you wish to be considered for inclusion?**
  - Yes
  - No
  
- **Does your organization discriminate in providing service or volunteer opportunities based on race, ethnicity, sexual orientation or religion?**
  - Yes...If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
  - No

**To the best of my knowledge, all of the preceding information is true and accurate.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Date: \_\_\_\_\_