# Epilepsy Foundation Resource Database Inclusion Application

Return completed application to: Cathleen Cooney, Resource Specialist Phone: 301-918-3738
Email: ccoonley@EFA.org Fax: 301-731-3868
8301 Professional Place, Suite 200, Landover, MD 20785

## AGENCY/ORGANIZATION INFORMATION – PAGE ONE

<table>
<thead>
<tr>
<th>Date: _________________</th>
<th>Name and title of person completing application: __________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email: ___________________ Phone: ________________________</td>
<td>Agency legal name: ____________________________________________________________________________________</td>
</tr>
<tr>
<td>Other name, (e.g., common name, acronym, short form, abbreviation, AKA, DBA, Spanish name): __________________</td>
<td></td>
</tr>
<tr>
<td>Licenses or accreditation: ____________________________________________________________</td>
<td>Description: __________________________________________________________________________________________</td>
</tr>
<tr>
<td>__________________________________________________________________________________</td>
<td>____________________________________________________________________________________________</td>
</tr>
<tr>
<td>Parent organization (if any): __________________________________________________________</td>
<td>Agency vision/mission statement or motto: ________________________________________________________________</td>
</tr>
<tr>
<td>Agency physical address: ____________________________________________________________________________________________________________</td>
<td>____________________________________________________________________________________________________</td>
</tr>
<tr>
<td>Mailing address (if different): ______________________________________________________________________________________________________</td>
<td>Agency director (include title): __________________________________________________________________________</td>
</tr>
<tr>
<td>Business phone number: ___________________ Other phone number: ______________________</td>
<td>Director phone number: ___________________ Email: ____________________________________________________________</td>
</tr>
<tr>
<td>Toll-free phone number: ___________________ Website: ____________________________</td>
<td>Agency contact: (individual who may be reached by EFA for additional information and updates)</td>
</tr>
<tr>
<td>Fax number: ___________________ Email: __________________________________________</td>
<td>Name: ___________________ Title: __________________________________________________________________________</td>
</tr>
<tr>
<td>__________________________________________________________________________________</td>
<td>Contact phone number: ___________________ Email: ____________________________________________________________</td>
</tr>
<tr>
<td>__________________________________________________________________________________</td>
<td>Agency hours of operation: ____________________________________________________________________________</td>
</tr>
</tbody>
</table>

**Legal Status/Organization Type (select only one):**

<table>
<thead>
<tr>
<th>Nonprofit 501(c)(3)</th>
<th>City</th>
<th>Federal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonprofit</td>
<td>County</td>
<td>Faith-based</td>
</tr>
<tr>
<td>For-profit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does agency offer volunteer opportunities?  □ Yes  □ No  **if no, continue to next page.**

Volunteer coordinator: ____________________________________________________________________________

| Phone number: ___________________ Email: ____________________________________________________________ |
If you have more than one site, please make copies of this sheet and complete for each unique site.

Site Name: ________________________________________________________________

Other name, (e.g., common name, acronym, short form, abbreviation, AKA, DBA, Spanish name): ____________________________

________________________________________________________________________________________

Description: __________________________________________________________________________

________________________________________________________________________________________

Physical address: ________________________________________________________________

Mailing address (if different): _______________________________________________________

Site hours of operation: ____________________________________________________________

Site director (include title): __________________________________________________________

Director phone number: _____________________________ Email: ____________________________

Site contact: (individual who may be reached by EFA for additional information and updates)

Name: _____________________________ Title: _____________________________

Contact phone number: _____________________________ Email: ____________________________

Business phone number: _____________________________ Other phone number: _____________________________

Toll-free phone number: _____________________________ Website: ____________________________

Fax number: _____________________________ Email: ____________________________

Administrative hours (days & hours): __________________________________________________

Accessibility at this location:

Wheelchair accessible _____________________________ Public parking ____________________________

Public transportation (specify stop) _____________________________ Languages spoken: ____________________________
If you have more than one program, please make copies of this sheet and complete for each unique program.

Program Name: ____________________________________________________________

Other name, (e.g., common name, acronym, short form, abbreviation, AKA, DBA, Spanish name): ____________________________

Program description: ______________________________________________________________________________________

________________________________________________________________________________________________________

Physical Address: __________________________________________________________________________________________

Special notes: ______________________________________________________________________________________________

Program director (include title): ____________________________________________________________

Director phone number: __________________________ Email: ________________________________

Site contact: (individual who may be reached by EFA for additional information and updates)

Name: __________________________ Title: ____________________________

Contact phone number: __________________________ Email: ________________________________

Program days/hours of operation: ____________________________________________________________

Business Phone number: __________________________ Other phone number: __________________________

Toll-free phone number: __________________________ Website: ________________________________

Fax number: __________________________ Email: ________________________________

Administrative hours (days & hours): __________________________________________________________________________

Accessibility at this location:

Wheelchair accessible __________________________ Public parking __________________________

Public transportation (specify stop) __________________________

Languages spoken: __________________________________________________________________________________________

Please identify target group(s) for this program (e.g. elders, people with dementia, teens, etc.): __________________________

________________________________________________________________________________________________________

Eligibility: ________________________________________________________________________________________________

How does someone access this service? □ phone □ website □ other: __________________________

Intake/application procedure: __________________________________________________________________________________

Documentation required: ____________________________________________________________________________________

Fees/payment (check all that apply or that are most applicable): □ None/not applicable □ Call for details □ Private insurance and/or private payment only

□ Sliding scale if no insurance but no one refused service □ Private payment only □ Medicare □ Medicaid

□ Medicaid