**Resource Request**

You have requested to be included as an agency in the ADRC of Dane County database. Please provide the following information regarding your agency:

**Agency Name:** Click or tap here to enter text.

**Agency address:** Click or tap here to enter text.

**Contact Name:** Click or tap here to enter text. **Contact Phone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text. **Website:** Click or tap here to enter text.

**Areas served:** Click or tap here to enter text. **Number of employees:** Click or tap here to enter text.

**How many clients are being served (Approximately) in Dane Co?** Click or tap here to enter text.

**Business status:** Nonprofit  For-Profit

**Do you provide a service that specializes in aging or disability related services?**  Yes  No

**Services Provided:** Click or tap here to enter text.

**Do you have bi-lingual staff?** Yes  No  **Languages Spoken:** Click or tap here to enter text.

**Can you provide the ADRC with an electronic (pdf) copy of your brochure?** Yes  No

**Are you or your business licensed, bonded and insured?** Yes  No

**Comments:** Click or tap here to enter text.

**For ADRC Use Only**

**Date Submitted:** Click or tap here to enter text.

**Date Received by Resource Committee:** Click or tap here to enter text.

**Date Sent to Inclusion Exclusion:** Click or tap here to enter text.

**Date Approved/Denied:** Click or tap here to enter text.

**Date Letter Sent:** Click or tap here to enter text.