Services and Programs

Briefly describe the service/program in concrete language of what is offered (rather than the intended impact of the service). Please list services or programs and complete one page for **each individual service or program** your agency provides. If you have more than five programs, please add additional pages. Please return to **communityresources@uwgc.org**.

Service Name #1:

Service Name #2:

Service Name #3:

Service Name #4:

Service Name #5:

Service #1:

Program/Service Name:

Program location: ☐ Same as main location ☐Other (Please list):

Program Description:

Eligibility (income, age, gender, place of residence, etc):

Intake procedure (how to access program/services):

Application/Referral Procedure:

Documentation required:

Service hours:

Languages other than English:

Areas served (list counties/zip codes/cities/etc):

Population(s) service is intended for, if any (Older adults, Veterans, LGBTQ+ individuals, etc):

Service contact information (name, email, phone number if applicable):

Please note that our Resource Staff utilize a national, accredited taxonomy of social service terms and assign these terms in the database based on recognized standards and reserves the right to edit information to meet accreditation standards.

Service #2:

Program/Service Name:

Program location: ☐ Same as main location ☐Other (Please list):

Program Description:

Eligibility (income, age, gender, place of residence, etc):

Intake procedure (how to access program/services):

Application/Referral Procedure:

Documentation required:

Service hours:

Languages other than English:

Areas served (list counties/zip codes/cities/etc):

Population(s) service is intended for, if any (Older adults, Veterans, LGBTQ+ individuals, etc):

Service contact information (name, email, phone number if applicable):

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Service #3:

Program/Service Name:

Program location: ☐ Same as main location ☐Other (Please list):

Program Description:

Eligibility (income, age, gender, place of residence, etc):

Intake procedure (how to access program/services):

Application/Referral Procedure:

Documentation required:

Service hours:

Languages other than English:

Areas served (list counties/zip codes/cities/etc):

Population(s) service is intended for, if any (Older adults, Veterans, LGBTQ+ individuals, etc):

Service contact information (name, email, phone number if applicable):

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Service #4:

Program/Service Name:

Program location: ☐ Same as main location ☐Other (Please list):

Program Description:

Eligibility (income, age, gender, place of residence, etc):

Intake procedure (how to access program/services):

Application/Referral Procedure:

Documentation required:

Service hours:

Languages other than English:

Areas served (list counties/zip codes/cities/etc):

Population(s) service is intended for, if any (Older adults, Veterans, LGBTQ+ individuals, etc):

Service contact information (name, email, phone number if applicable):

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Service #5:

Program/Service Name:

Program location: ☐ Same as main location ☐Other (Please list):

Program Description:

Eligibility (income, age, gender, place of residence, etc):

Intake procedure (how to access program/services):

Application/Referral Procedure:

Documentation required:

Service hours:

Languages other than English:

Areas served (list counties/zip codes/cities/etc):

Population(s) service is intended for, if any (Older adults, Veterans, LGBTQ+ individuals, etc):

Service contact information (name, email, phone number if applicable):

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