

Enrollment Form Organization Profile

Enrollment into the UC Assist database is a two-part process. An organization profile must be completed followed by completion of the Services Registration. A separate service registration form is needed for each service that an organization offers. Do not combine services on one service form page. These forms may be emailed to info@ucassist.org or mailed to: UCAssist, Upper Cumberland Development District, 1104 England Drive, Cookeville, TN 38501. Logos should be emailed to info@ucassist.org.

Organization Name: _____

Organization Description: _____

Website: _____

Organization Primary Contact:

Name: _____

Email: _____ Phone #: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Check all that apply:

- Minority-owned business Faith-based provider Non-profit organization

Enrollment Form

Service Registration

For each service offered, please complete one service registration form. Completed service registrations can be sent along with the Organization Profile via email to info@ucassist.org or mailed to: UCAssist, Upper Cumberland Development District, 1104 England Drive, Cookeville, TN 38501. Logos should be emailed to info@ucassist.org.

Organization Name: _____

Name of Service: _____

Service Description:

Criteria to Receive Service:

Counties Available: (Check all that apply)

- | | | | | | |
|---------------------------------|----------------------------------|-------------------------------------|---------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Cannon | <input type="checkbox"/> Clay | <input type="checkbox"/> Cumberland | <input type="checkbox"/> DeKalb | <input type="checkbox"/> Fentress | <input type="checkbox"/> Jackson |
| <input type="checkbox"/> Macon | <input type="checkbox"/> Overton | <input type="checkbox"/> Pickett | <input type="checkbox"/> Putnam | <input type="checkbox"/> Smith | <input type="checkbox"/> Van Buren |
| <input type="checkbox"/> Warren | <input type="checkbox"/> White | | | | |

Keywords For Service: (Check all that apply)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Abuse | <input type="checkbox"/> Child Care | <input type="checkbox"/> Clothing | <input type="checkbox"/> Comm. Development |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Drivers Ed | <input type="checkbox"/> Education | <input type="checkbox"/> Economic Dev. |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Emerg. Shelter | <input type="checkbox"/> Food | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Housing-Fin Aid | <input type="checkbox"/> In-Home Care | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Parenting | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Small Business | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Utility Assistance | <input type="checkbox"/> Veteran Services | <input type="checkbox"/> Wellness | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Pets | | | |

Hours of Operation: _____

Services Contact Phone # for clients: _____

Address, City, ST Zip:
