

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"/> Crisis Hotline | <input type="checkbox"/> Disabilities | <input type="checkbox"/> Drivers Ed | <input type="checkbox"/> Education |
| <input type="checkbox"/> Econ. 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 Services |
| <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"/> Special Needs | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> Substance Abuse & Addiction | <input type="checkbox"/> Transportation | <input type="checkbox"/> Toiletries | |
| <input type="checkbox"/> Utility Assistance | <input type="checkbox"/> Veteran Services | <input type="checkbox"/> Wellness/Supp. Groups | |
| <input type="checkbox"/> Youth Services | <input type="checkbox"/> Animals | | |

Hours of Operation: _____

Services Contact Phone # for clients: _____

Address, City, ST Zip