

## Provider Name:

Address:

Phone:

Fax:

Website:     www.

Wards Served:

Referral Contact(s) and email address:

**Services Available:**

Residential Habilitation (    )

Supported Living (    )

Host Home (    )

Shared Living (    )

In-Home Supports (    )

Respite (    )

Intermediate Care Facility [ICF] (    )

Day (    )

Individual Day Services (    )

Employment Readiness (    )

Supported Employment (    )

Companion Supports (    )

Peer Supports (    )

## Program Description:

(LIMITED to 150 words)