

Agency Request Form  
Buhl Regional Health Foundation

(\* indicates information that would not be listed publicly)

Name (group/organization/agency): \_\_\_\_\_

Director/Manager (primary contact) \*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Provide a description of your program services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you attend the October 19, 2016 Health Forum at Penn State Yes \_\_\_ No \_\_\_

What days and hours do you provide services: \_\_\_\_\_

How many years have you been providing services in the community? \* \_\_\_\_\_

On average, how many individuals do you serve on a weekly or monthly basis? \*

Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

What percentage of the following age groups do you provide services for?

Age: 0-12 \_\_\_ 13-18 \_\_\_ 19-34 \_\_\_ 35-64 \_\_\_ 65+ \_\_\_\_\_

What other agencies or organizations do you often partner with to meet the needs of the clients you serve? \*

\_\_\_\_\_

What is the most challenging need in our community?

\_\_\_\_\_