

AGENCY ENTRY/ UPDATE FORM

Complete this form if your organization would like to be included in the resource guide or to make changes to your information that is already included in the guide. Please indicate if this is a new entry or update. **Submit this form to info@cma.sc.gov or mail to 293 Greystone Blvd., Columbia, SC 29210.**

_____ **New Entry** _____ **Update (Complete agency name & information that requires updating)**

Date: _____

Organization/Agency Name: _____

Address: _____

Contact Name (if applicable, for public users): _____

Contact Phone: _____

Fax: _____

Email address: _____

Website: _____

Service Hours: _____

Categories

Administrative _____

Clothing _____

Disability Services _____

Domestic Abuse _____

Education _____

Emergency Assistance _____

Employment _____

Financial Assistance _____

Food _____

Health _____

Mental health _____

AIDS/HIV services _____

Hotlines _____

Legal _____

Public Libraries _____

Shelter _____

Substance Abuse _____

Transportation Veterans _____

Women and Families _____

Youth Services _____

Description:

The information below is for internal use only.

Contact Name: _____

Contact Phone: _____

Email Address: _____