

Agency Update / Addition Form

This form is intended for those that would like to add their organization to the directory or make changes to information already listed in the directory. Please specify if this is an update or a new entry.

Date: _____

Agency Name: _____

Update? Yes No

Agency Category: _____

Update? Yes No

- Administrative Issues
- Clothing
- Disability Services
- Domestic Abuse
- Education
- Emergency Assistance
- Employment
- Financial / Banking Services
- Food
- Health
- Mental health
- AIDS/HIV services
- Hotlines
- Legal
- Public Libraries
- Sex Offenders
- Shelter
- Substance Abuse
- Transportation
- Veterans
- Women and Families
- Youth Services

Contact Person: (will be listed publicly for users) _____

Update? Yes No

Organization Street Address, City, Zip _____

Update? Yes No

Telephone Number: _____

Update? Yes No

Fax Number: _____

Update? Yes No

Website address: _____

Update? Yes No

Public Email: _____

Update? Yes No

Description of services offered:

Update? Yes No

Service Hours: _____

Update? Yes No

Eligibility Requirements?: _____

Update? Yes No

Internal Contact Information (Only used by FMS staff in reference to this post)

Contact Name: _____

Contact Email: _____

Contact Phone number: _____

Please send form to:

Foundation for the Mid South
ATTN: Mississippi Reentry Guide
134 East Amite Street
Jackson, MS 39201

Or visit the website at www.msreentryguide.com to fill out an electronic version of this form.