



1344 Silas Deane Hwy., Rocky Hill, CT 06067

REQUEST FOR MAILING LABELS or RESOURCE REPORTS

Date _____

Your Agency Name _____

Your Name or Contact Name _____

Address _____

Phone: _____ Fax : _____ Email: _____

Reason for request (State why you need this report. For example, if it is for a mailing, please include the purpose of the mailing)

Date needed by: _____ *(Please allow at least 10 business days. If needed before, call to make arrangements.)*

IS THIS A REQUEST FOR MAILING LABELS? _____ (Labels can be hard copy or electronic.)

OR FOR A RESOURCE LIST? _____ (Resource lists are hard copy only.)

IF FOR MAILING LABELS:

1. If labels, do you prefer electronic format? _____ or hard copy labels? _____
2. If hard copy, how do you want them sorted? ____ Zip Order ____ Agency Name Order , or ____ City Name Order
3. ____ Check here if you would like to include all sites/departments of an agency. Do NOT check if you only want listings for the agencies' main sites. Asking for all sites will generate many more records.

PLEASE GO TO THE NEXT PAGE FOR CRITERIA SELECTIONS

CRITERIA FOR SELECTION

1. **AGENCY TYPES:** (Check the agency types you want included in your selection.)

All agency types

or:

- | | |
|--|---|
| <input type="checkbox"/> Animal Protection Agencies
<input type="checkbox"/> Area Agency on Aging
<input type="checkbox"/> Assisted Living / Retirement /Continuing Care Communities
<input type="checkbox"/> Community Action Agencies
<input type="checkbox"/> Elected Officials - Federal
<input type="checkbox"/> Elected Officials - State
<input type="checkbox"/> Family Service Agencies
<input type="checkbox"/> Government Offices- Federal
<input type="checkbox"/> Government Offices - Local
<input type="checkbox"/> Government Offices - State | <input type="checkbox"/> Home Care Agencies
<input type="checkbox"/> Hospitals
<input type="checkbox"/> Nursing Homes
<input type="checkbox"/> Private Subsidized Rental Providers
<input type="checkbox"/> Public Housing Authorities
<input type="checkbox"/> Schools
<input type="checkbox"/> Support Groups
<input type="checkbox"/> Web Based Agencies
<input type="checkbox"/> OTHER COMMUNITY AGENCIES NOT LISTED ABOVE (General Social Service Providers) |
|--|---|

2. **GEOGRAPHIC AREA:** Reports can be generated for the whole state or for a specific area. If you want listings for an area, list below the specific towns, counties or regions you want to target.

3. **DO YOU WANT AGENCIES**

LOCATED IN *OR*
 SERVING THE GEOGRAPHICAL AREA SPECIFIED ABOVE? “Located in” will give you all agencies that are physically located in specified towns. “Serving” will give you all agencies that serve a particular town but may not be located in that town.

4. **SERVICE CRITERIA:**

All Service Terms (Check here if you do not need to target providers of specific services.)

Selected Service Terms: (If you want to generate listings for providers of SPECIFIC services, **ask us for a list** of our service terms, then mark the terms you want to target and fax the service term list and this form back to us.)

RETURN THIS FORM TO:

Theresa Baylock - Director, Information Services
United Way of Connecticut/Infoline
1344 Silas Deane Highway, Rocky Hill, CT 06067

theresa.baylock@ctunitedway.org

Phone (860) 571-7526 Fax (860)571-6060