

# COMMUNITY CARE SERVICES PROGRAM (CCSP) Information Session Registration for Potential Providers

## Georgia Department of Community Health

Agency/Facility Name	<input type="text"/>		
Person 1 Attending, Title	<input type="text"/>		
Person 2 Attending, Title	<input type="text"/>		
Business Telephone	<input type="text"/>	Fax	<input type="text"/>
Business Email Address	<input type="text"/>		
Agency Physical Address	<input type="text"/>		
City	<input type="text"/>	ZIP Code	<input type="text"/>
County	<input type="text"/>		
Agency Mailing Address	<input type="text"/>		
City/State	<input type="text"/>	ZIP Code	<input type="text"/>
County	<input type="text"/>		
Requested Informational Session	<input type="radio"/> February	<input type="radio"/> August	Planning & Service Area with most service counties

CCSP services(s) for which applying  
(NOTE: at least one year of experience and applicable permits required):

- |   |   |
|---|---|
| <input type="checkbox"/> Adult Day Health Services            | <input type="checkbox"/> Home Delivered Meals                               |
| <input type="checkbox"/> Alternative Living Services - Family | <input type="checkbox"/> Home Delivered Services                            |
| <input type="checkbox"/> Alternative Living Services - Group  | <input type="checkbox"/> Out-of-Home Respite Care Services                  |
| <input type="checkbox"/> Emergency Response Services          | <input type="checkbox"/> Personal/Extended Support/Skilled Nursing Services |

Please fax registration to 770.408.5181 or email to [Ashley.Mitchell@dch.ga.gov](mailto:Ashley.Mitchell@dch.ga.gov)  
You will receive confirmation of registration.



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH