



RESOURCE PROFILE

**Category:**     SUBSTANCE ABUSE     COUNSELING

**Ages Served:**     Adults     Teens     Children

**Languages:**     English     Spanish     Other \_\_\_\_\_

**Non-Profit Organization?:**     Yes     No

**Company Name:** \_\_\_\_\_

**Web:** \_\_\_\_\_

**Phone:** \_\_\_\_\_    **Fax:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**County:**     LAKE     SUMTER

**Contact:** \_\_\_\_\_

**Contact Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

<b>Hours of Operation:</b>	Monday	_____	Saturday	_____
	Tuesday	_____	Sunday	_____
	Wednesday	_____		
	Thursday	_____		
	Friday	_____		

**Program Focus:** \_\_\_\_\_

**Services:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Insurance Accepted:**     Medicare     Medicaid     Self-Pay     Private Insurance

**Carriers Accepted**


**DEADLINE FOR SUBMISSION: JANUARY 23, 2015**

For more information or to return form, contact Candace Booth at [candace@befreelake.org](mailto:candace@befreelake.org)