

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

Georgia Department of Human Services Division of Aging Services

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 404-657-5251 or email to CCSP.Messages@dhs.ga.gov
You will receive confirmation of registration.

