

Directory of Helping Services Submission Form

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Contact person	SON: e.g Write name and position	artment of Health
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Phone: e.g. 2		
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	78-xxxx (office) 332-xxxx (cell)	
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Web site: Inc	dicate if not applicable	
	iling address: e.g. 60 Victoria Stree	t, Hamilton HM 12
e.g. P.O. Box HIV	1 1195, Hamilton HM EX	

Phone: (+1 441) 278-6504 Fax: (+1 441) 296-3283 E-mail: healthpromotion@gov.bm

Purpose: Provide a brief statement of the purpose of the organisation (Word limit: 20 words max.)
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Services: Provide a few bullet points to describe your core services (Word limit: 80 words max.)
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Hours of operation: e.g. 8:45 a.m. to 5:00 p.m., Monday to Friday
Referral procedure (If applicable): e.g. Self referral or by health care provider or indicate if not applicable

Please indicate with an 'x' the categories and population(s) that apply to your organisation:

Category	Children & Families	Seniors	Persons with Disabilities
Abuse – Drugs and Alcohol			
Abuse – Physical			
Adult Day Activities			
Advocacy			
After-school / Summer-school programmes			
AIDS and HIV			
Behavioural problems			
Cancer Care			
Care Homes (Rest, Nursing and Group Homes)			
Counselling			
Dental health			
Disability – cognitive and learning			
Disability – physical			
Discounts and Exemptions			
Education			
Emotional problems			
Environment			
Financial aid and budgeting			
Health – Mental			
Health – Physical			
Homeless adults and families			
Hotlines			
Housing, rent and tenancy			
Human rights			
Immunisation			
Insurance			
Law and legal			
Legislation			
Leisure activity			
Life Skills			
Mentoring			
Ombudsmen			
Parenting			
Pensions			
Personal Care Services			
Pregnancy and Family planning			
Respite Care			
Rodents and Pest			
Safety			
Social Club			
Support Group			
Tax			
Transport			