

NEW AGENCY FORM

Agency Profile Information	
Agency Name (The name your agency does business as):	
Agency's Legal Name (If different from the Agency Name):	
Address:	
City, State, Zip:	
Main phone:	Fax:
Executive Director:	Primary Agency Contact (PAC):
ED Phone:	PAC Phone:
ED Email:	PAC Email:
Agency Website (Optional):	
Do you wish to be listed as an agency that accepts <i>referrals</i> from other agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, do you wish the Primary Agency Contact to receive referral notifications by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you wish to be listed as a <i>shelter</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please select one shelter type (please check one box only): <input type="checkbox"/> Men's <input type="checkbox"/> Women's <input type="checkbox"/> Children's <input type="checkbox"/> Family <input type="checkbox"/> Coed	

Agency COMPASS Administrator
Pathways suggests that your agency have a COMPASS Administrator. This person creates user accounts, assigns menu access rights, and configures/updates your agency's profile information, including the items above. NOTE: This individual must (1) be certified in Confidentiality and Ethics Training, and (2) submit a User Access Checklist with the specific agency administration functions required. Who will be your agency's COMPASS Administrator?
Agency Administrator Name:
Agency Administrator Email:
Agency Administrator Phone:

Protected Class Agency	
A <i>protected class agency</i> will have its service records hidden from view by other agencies. Your agency will be protected if the clients your serve are primarily made up of one or more of the five groups below.	
Is the population that you serve PRIMARILY made up of: HIV/AIDS Domestic Violence Substance Abuse Legal Services and/or Mental Health clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE FAX THIS FORM TO PATHWAYS SUPPORT: FAX# 404-982-0960 or 1-866-818-3036