



Organization/Provider Data Form

Email completed form to vanessa.goble@louisville.edu

BASIC INFORMATION

Date: _____

Resource Type: ___ New ___ Update

County office/organization/resource is located in: _____

Does your organization currently partner/work with KCP or have in the past? ___ Yes ___ No

If yes, please list your KCP staff contact: _____

CONTACT INFORMATION

Organization Name: _____

Description of Organization and services/resources provided: _____

County and/or counties served in Kentucky (if county specific): _____

Organization Contact: _____ Email: _____

Contact Phone Number: _____ Contact Fax Number: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ Toll Free: _____

Organization email (if applicable): _____

Website: <https://>_____

Additional Information: _____



*****INTERNAL USE ONLY – TO BE COMPLETED BY KCP RCCS*****

Category / Subcategory (MARK ALL THAT APPLY)

Cancer Screening Tests / Tobacco Use

- Breast Cervix Colon Lung Radon Tobacco-Use

Information, Referral, and Navigation

- | | |
|---|--|
| <input type="checkbox"/> Blood/Bone Marrow | <input type="checkbox"/> Brain |
| <input type="checkbox"/> Breast | <input type="checkbox"/> Cancer Resource Centers |
| <input type="checkbox"/> Childhood/Young Adult | <input type="checkbox"/> Digestive System |
| <input type="checkbox"/> General Cancer Information | <input type="checkbox"/> Gynecological |
| <input type="checkbox"/> Hospitals/Cancer Centers | <input type="checkbox"/> Lung |
| <input type="checkbox"/> Oral/Head & Neck/Thyroid | <input type="checkbox"/> Other Cancers |
| <input type="checkbox"/> Pancreatic | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Urological | |

Medical Care

- | | |
|---|---|
| <input type="checkbox"/> Cancer Rehabilitation | <input type="checkbox"/> Cancer Resource Centers |
| <input type="checkbox"/> Clinical Trials | <input type="checkbox"/> Genetics |
| <input type="checkbox"/> Home Health Agencies | <input type="checkbox"/> Hospice/Palliative Care |
| <input type="checkbox"/> Hospitals/Cancer Centers | <input type="checkbox"/> Oncologists |
| <input type="checkbox"/> Pain Management | <input type="checkbox"/> Public Health Centers/Health Departments |

Patient Assistance

- | | |
|--|--|
| <input type="checkbox"/> Complementary Therapy | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Employment and Rehabilitation | <input type="checkbox"/> Financial Assistance/Legal Services |
| <input type="checkbox"/> Medical Supplies/Equipment | <input type="checkbox"/> Prosthetics & Wig Supplies |
| <input type="checkbox"/> Temporary Housing | <input type="checkbox"/> Transportation |

Survivorship and Support Groups

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Blood/Bone Marrow | <input type="checkbox"/> Brain | <input type="checkbox"/> Breast |
| <input type="checkbox"/> Camps and Retreats | <input type="checkbox"/> Childhood/Young Adult | |
| <input type="checkbox"/> Digestive System | <input type="checkbox"/> Gynecological | <input type="checkbox"/> Lung |
| <input type="checkbox"/> Oral/Head & Neck/Thyroid | <input type="checkbox"/> Other | <input type="checkbox"/> Pancreatic |
| <input type="checkbox"/> Patient and Family | <input type="checkbox"/> Skin | <input type="checkbox"/> Urological |

