

Wellness Recovery Entry Form

Today's Date:

Agency:

Agency Website:

Name of Program:

Program Description:

Please tell us about your program, costs, eligibility, age requirements, length of time of program, etc.

Days or Dates:

Time:

Location:

Language(s) Program Is Offered In:

Program Contact Name:

Program Contact Title:

Program Contact Phone Number:

Program Contact Fax Number:

Program Contact Email:

Additional Notes:

Please return this completed entry form by Email, Fax, or Mail:

Email Michele Bertelle at mbertelle@mhainulster.com

Fax with Attention to Michele Bertelle to (845) 339-9306

Mail to Michele Bertelle, MHA in Ulster County Inc., PO Box 2304, Kingston NY 12402