



**Section 3: Who are your Clients?**

Total number of clients receiving behavioral supports via Waiver funding: \_\_\_\_\_

Total number of clients receiving behavioral supports via state-line funding: \_\_\_\_\_

Total number of clients receiving behavioral supports via other funding: \_\_\_\_\_

**Section 4: Who are your Staff?**

Name

E-mail Address

Chief Executive Officer: \_\_\_\_\_

Membership Contact: \_\_\_\_\_

**A list of all affiliated consultants, along with their email address, is necessary for the purposes of CEU session attendance verification PRIOR to issuance of CEU certificates.**

**If your agency employs numerous consultants, please feel free to attach a printed list or spreadsheet with all names and emails, otherwise, use the lines below.**

**A complete list may also be emailed to Kim Adkins @ [kadkins@opgrowth.com](mailto:kadkins@opgrowth.com) (and/or) Liz Wriighthouse @ - [liz.wriighthouse@viaquestinc.com](mailto:liz.wriighthouse@viaquestinc.com)**

Consultants Employed by your Agency:

E-mail Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Include all Consultants on IN-ABC email correspondence? \_\_\_\_ YES \_\_\_\_ NO

\*please email Kim Adkins - [kadkins@opgrowth.com](mailto:kadkins@opgrowth.com) - with changes as they occur this year.

