



CLEARINGHOUSE SITE EVALUATION REQUEST FORM

Date: _____

Memo to: Janet Allen
Clearinghouse Program Director
Suffolk Community Council, Inc.
819 Grand Blvd, Deer Park NY 11729
(631) 434-9277 Ext. 2114 Fax: (631) 434-9311

Memo from:
Name: _____
Title: _____
Agency: _____
Address: _____

Phone: _____ Fax: _____

Site Evaluation Request for:

Street Address: _____
City: _____ Zip Code: _____
Township: _____
Nearest Cross Street: _____
Facility Type: _____
Licensed By: _____
Sponsoring Agency: _____
Clients to be Served: _____
Capacity (# of Beds): _____

For Clearinghouse Use Only