



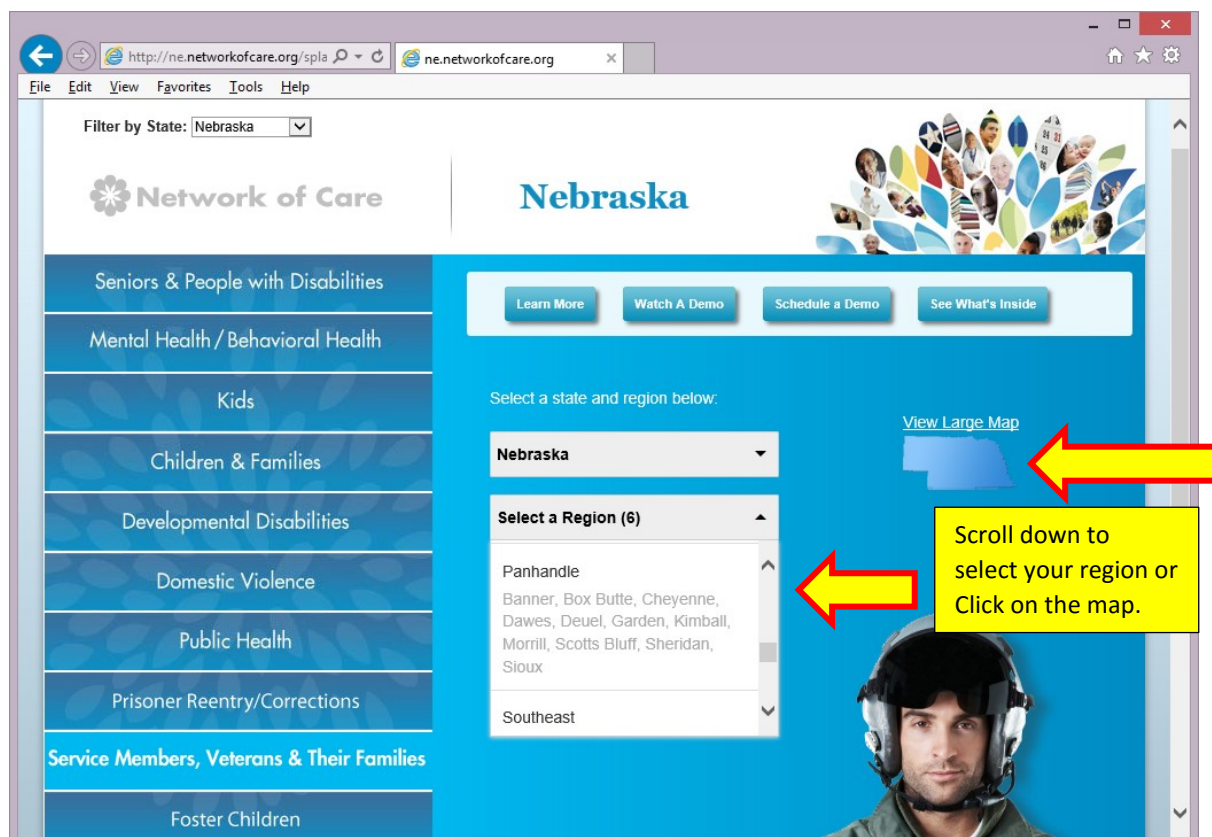
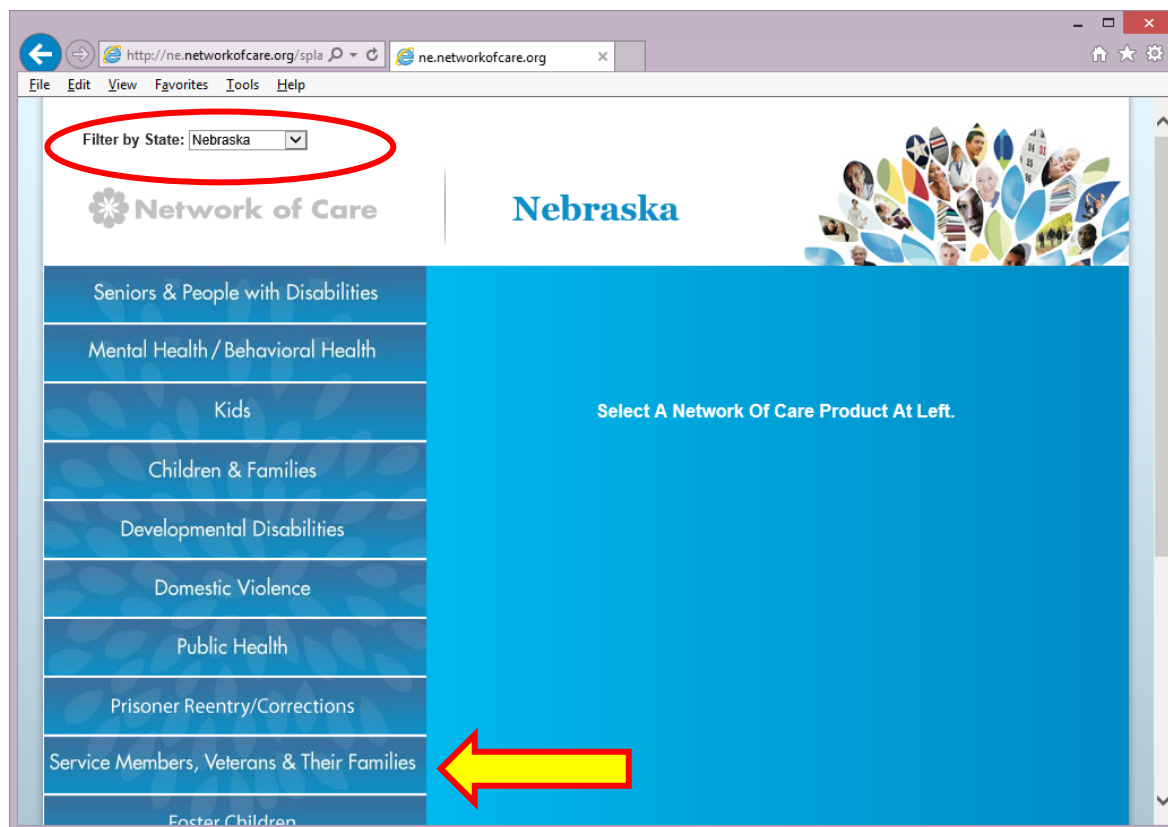
How to Add a Service to

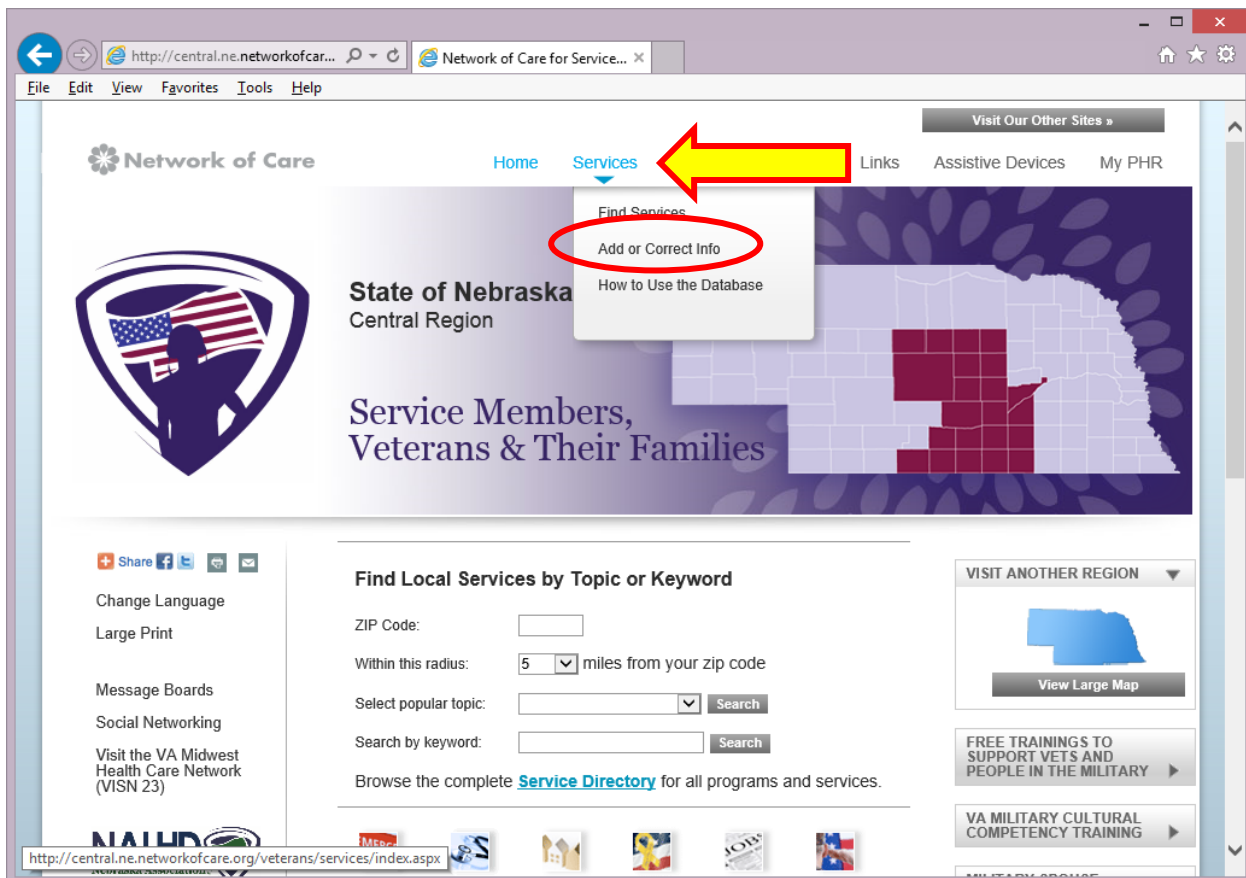
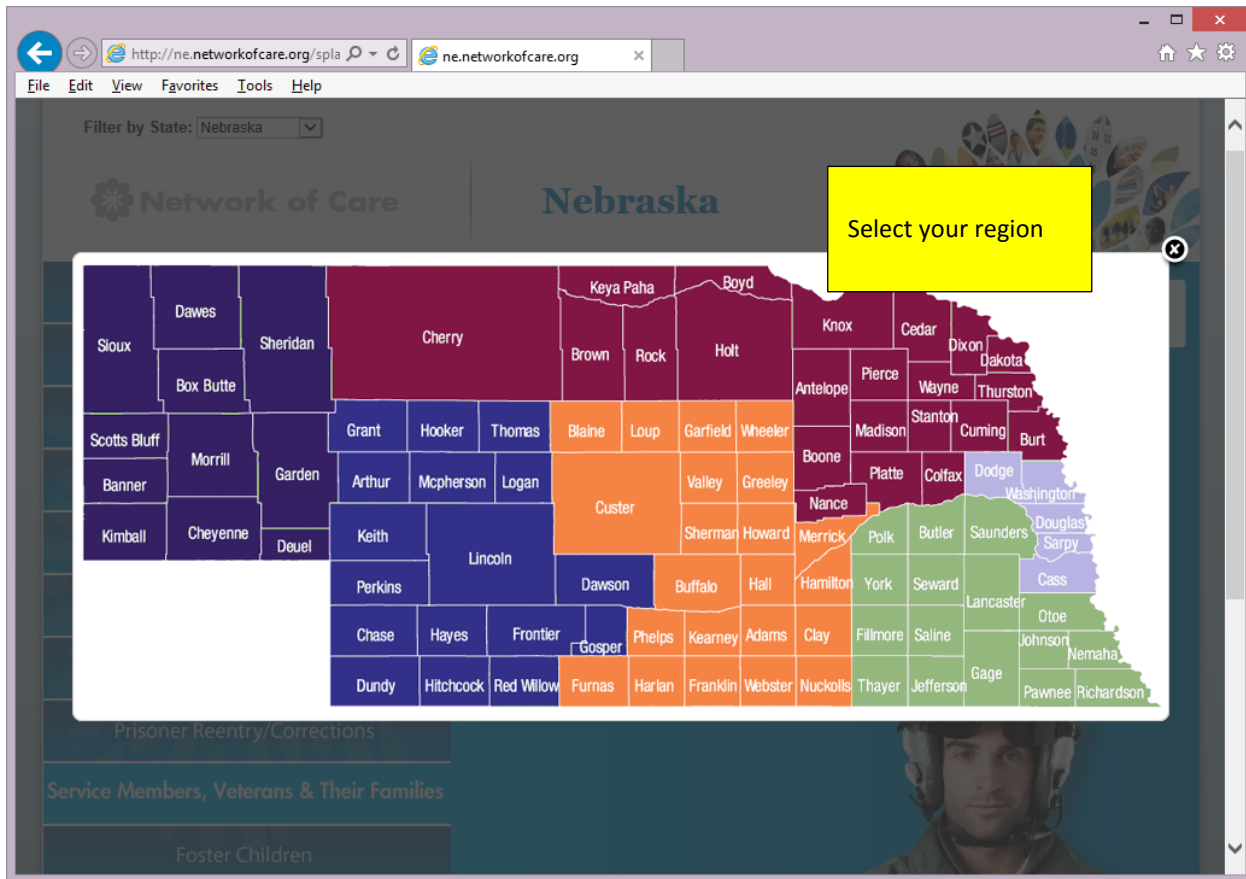
Nebraska's Network of Care

for Service Members, Veterans & Their Families

Go to: <http://networkofcare.org>

Filter by State: Nebraska and then click on "Service Members, Veterans & Their Families"





http://central.ne.networkofcar... Central.ne, Nebraska

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Network of Care

Home Services Library Legislate Links Assistive Devices My PHR

State of Nebraska
Central Region

Share Change Language Large Print Find Services Add or Correct Info How to Use the Database

Service Members, Veterans & Their Families

Add Or Correct Info

To add a new agency to the Service Directory, [click here](#).

To update your agency's listing on the Service Directory, please enter your agency's name in the field below and click "Search." Or, find your agency's name in our alphabetical listings by clicking on the appropriate letters below.

Please type the specific agency or program name (or any part of the name) in the field below, then click "Submit." Or click on any letter below to view an alphabetized list.

Program/Agency Name:

A B C D E F G H I J K L M
N O P Q R S T U V W X Y Z

http://central.ne.networkofcar... Add a new agency Central...

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Service Members, Veterans & Their Families

[Service Directory](#) » [Add or Correct Info](#) »

Add New Agency

To submit information about your agency:

1. Complete all the appropriate fields.
2. When you are finished, scroll to the bottom of the form and click "Submit."

Please note: * indicates a required field.

Add your information then SUBMIT

General:	Agency Name:	
	Agency Description:	
Private Contact Information:	Name:	
	Phone:	
	Fax:	
	Email:	
Address	Attention:	
	Address 1:	
	Address 2:	
	City, State, Zip:	
	Primary Address? <input type="checkbox"/> Physical Address? <input type="checkbox"/> Mailing Address? <input type="checkbox"/>	
Phone	Description:	
	Number:	
	Availability:	
	Primary Phone? <input type="checkbox"/>	
Fax	Description:	
	Number:	
	Availability:	
	Primary Fax? <input type="checkbox"/>	
Email / Web	Email Address:	
	Website Address:	
Additional Language Spoken	Language:	
	Availability:	
Optional Information	Application Process:	
	Target Groups/Subcultures Served:	
	Eligibility Requirements:	
	Fees:	
	Payment/Insurances Accepted:	
	Service Wait:	
	Application Waiting Period:	
	Funds:	
	Alias:	
	Area Served:	
	Office hours & Days Open:	
	Acronym:	
	Transportation:	
	ADA Access:	
	Psychiatrist Available: <input type="checkbox"/>	
	Your Email:	
	Confirm Email:	

Before you click "Submit" - did you include:

- Office hours and days open?
- Insurances accepted?
- Additional languages spoken, including American Sign Language or telephone relay services for the deaf?
- Ages served (0-5, 6-12, 13-17, 18-21, 22-64, 65+)?
- Subcultures served (Hispanic, African-American, etc.)?
- Specialties (ADHD, compulsive gambling, trauma, HIV, pain, parenting, etc.)?

Submit