



The Missing Link INC

Linking troubled youth & adults with life-changing programs

[Download Program Info Collection Form](#)

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Program Info Collection Form

Please submit your information via [e-mail](#), regular postal mail or fax.

Today's Date:

Director's Name:

Program Name:

Mailing Address:

City:

State:

Zip Code:

Country:

E-mail address of contact person: (required)

Call Collect: Yes No

Phone 1:

Phone 2:

Car Phone/Pager:

Fax Number:

Phases or levels of program:

Ages you accept:

Which classification(s) best describes this type of program:

- Counseling Center Induction Center
 Residential Outpatient
 Referral Agency
-

Which of the following do you accept:

- Male Female Juvenile Battered Women
 Emotional Problems Pregnancy Crisis Runaways Sex Offenders
 Sodomites
-

Length of Program:

Fee:

Denominational Affiliation:

Requests [Preliminary Screening Application for Program Entry](#): Yes No

Requests [Missing Link newsletter](#) subscription (free): Yes No

Other Comments:

Print and complete the above form, and return it to The Missing Link, Inc.

FAX: [440] 960-1871

Regular Postal Mail:

Director of Placement Services
The Missing Link, Inc.
P. O. Box 40031
Cleveland, OH 44140-0031
U.S.A.

Please send us a few brochures describing your program so we can use them for referral.



Linking Troubled Youth and Adults with Life-Changing Programs

Web site - <http://misslink.org>

Chapel Site: <http://misslink.org/chapel2.html>

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