

COMMUNITY CARE SERVICES PROGRAM (CCSP) Information Session Registration for Potential Providers

Georgia Department of Human Services Division of Aging Services

Agency/Facility Name		
Person 1 Attending, Title		
Person 2 Attending, Title		
Business Telephone		Fax
Business Email Address		
Agency Physical Address		
City		ZIP Code
County		
Agency Mailing Address		
City/State		ZIP Code
County		
Requested Informational Session	February August	Planning & Service Area with most service counties

CCSP services(s) for which applying
(NOTE: at least one year of experience and applicable permits required):

Adult Day Health Services
Alternative Living Services - Family
Alternative Living Services - Group
Emergency Response Services

Home Delivered Meals
Home Delivered Services
Out-of-Home Respite Care Services
Personal/Extended Support/Skilled Nursing Services

**Please fax registration to 404-657-5251 or email to CCSP_Messages@dhr.state.ga.us.
You will receive confirmation of registration.**

