



INTENT TO PARTICIPATE FORM

Information collected from this form provides program administrators with a better understanding regarding the number of agencies who intend to join the You Have Options Program and allows program information to be sent directly to an identified member of those agencies. Submission of this form does not obligate an agency to any level of participation.

Agency Name:	
Physical Address:	
Mailing Address:	
Main Agency Phone Number:	

List who within the agency will be the main point of contact for the YOU HAVE OPTIONS Program:

Name:	
Mailing Address:	
Phone Number:	
E-mail Address:	

List the community-based advocacy agency that provides service to victims reporting to your agency:

Agency Name:		
Agency Mailing Address:		
Agency Phone Number:		
Agency Contact Name:		
Agency Contact E-mail Address:		Agency Contact Phone Number:

Submit completed forms to YHOP Program Manager Detective Carrie Hull at
 carrie.hull@ashland.or.us or 1155 E. Main Street Ashland, OR 97520
 Questions? 541-552-2126