ODHH Directory of Resources and Services

Add Your Organization

Please complete this form to add your organization's profile to our directory. The directory is updated monthly. Your additions or corrections will not be reflected immediately

You will need to fill in all the fields below that have an asterisk(*) for the form to be submitted successfully. Include as much information as possible.

* Below is a list of categories that are used in the Directory. Select all categories that apply to your organization.

- ☐ Americans with Disabilities Act & Legal
- ☐ Advocacy and Independent Living
- ☐ Assistive Animals & Technology
- ☐ Captioning
- ☐ Communication Access Realtime Translation
- ☐ Cochlear Implants
- ☐ County Agencies
- ☐ Drug & Alcohol
- ☐ Education
- ☐ Employment and Training
- ☐ Family Resources
- ☐ Financial Support
- ☐ Hearing Aids and Resources
- ☐ Intellectual/Developmental Disabilities
- ☐ Interpreter Referral Services
- ☐ Interpreter Resources
- ☐ Libraries
- ☐ Mental Health Services
- ☐ Organizations for Individuals Who are Deaf
- ☐ Organizations for Individuals Who are Deaf-Blind PA State
- ☐ Organizations for Individuals Who are Hard of Hearing
- ☐ Government
- ☐ Religious Organizations
- ☐ Sign Language
- ☐ Summer Camps
- ☐ Support Groups
- ☐ Other

* Name of Organization

[   ]

* Street Address

[   ]

* Please provide your telephone numbers. Include numbers for Voice, TTY, Videophone, static IP address, and any others.

Telephone: Voice Number

[   ]

Telephone: Other

[   ]

Telephone: TTY Number

Telephone: Other

Telephone: Videophone

Fax number

Telephone Static IP address

Calling Instructions

Website address

Email address

AIM screen name

Hours of operation (100 words or less)

* Description of your organization (100 words or less)