



Please identify what your organization offers: *Check all that applies. All organizations will be hosted on the CSN webpage and listed by name, category of products and services, and by location(s) served.*

Adaptive Materials and Services:

- | | | |
|---|--|---|
| <input type="checkbox"/> Adaptive Clothing | <input type="checkbox"/> Adaptive Housing (Wont.) | <input type="checkbox"/> Adaptive Medical Equipment |
| <input type="checkbox"/> Adaptive Housing | <input type="checkbox"/> Lighting and Electricity | <input type="checkbox"/> Adaptive Vehicles |
| <input type="checkbox"/> Building Construction and Repair | <input type="checkbox"/> Plumbing Repair and Fixtures | <input type="checkbox"/> Customization |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Roofing, Gutters and Drainage Systems | <input type="checkbox"/> Handicap Accessible Repair |
| <input type="checkbox"/> Handicap Accessible | <input type="checkbox"/> Sidewalks, Ramps, and Driveways | |
| <input type="checkbox"/> Landscaping and Tree Service | <input type="checkbox"/> Windows | |
| <input type="checkbox"/> Other: (Please specify) _____ | | |

Adaptive Reconditioning and Recreational Services:

Specify: *Adaptive (Soldier adapts to perform)* _____
Nonadaptive _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Hockey (Regular/Sled) | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Horse: Handling and Riding * | <input type="checkbox"/> Surfing |
| <input type="checkbox"/> Wheelchair Basketball | <input type="checkbox"/> Hunting | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Ping Pong | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Darts | <input type="checkbox"/> Shooting (Competitive) | <input type="checkbox"/> Waterskiing |
| <input type="checkbox"/> Golf | | <input type="checkbox"/> Yoga/Pilates |
| <input type="checkbox"/> Other: (Please specify) _____ | | |

Alternative and Holistic Medicine:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Hypnosis | <input type="checkbox"/> Reiki |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Kinesiology | <input type="checkbox"/> Therapeutic Massage |
| <input type="checkbox"/> Herbs & Vitamins | <input type="checkbox"/> Reflexology | |
| <input type="checkbox"/> Other: (Please specify) _____ | | |

Animals:

Service and Therapy dogs must meet with [Army Directive 2013-01](#) to be registered in the Service Dogs and Therapy Dogs category.

- | | | |
|--|---|--|
| <input type="checkbox"/> Animal Handling and Training | <input type="checkbox"/> Emotional Support Animals | <input type="checkbox"/> Therapy Animals |
| <input type="checkbox"/> Assistance Animals | <input type="checkbox"/> Horse: Handling and Riding | |
| <input type="checkbox"/> Companion Animals | | |
| <input type="checkbox"/> Other: (Please specify) _____ | | |

Animal and Pet Supplies and Services:

- | | | |
|--|---|--|
| <input type="checkbox"/> Animal Handling and Training | <input type="checkbox"/> Pet Sitting / Pet Care | <input type="checkbox"/> Supplies / Products |
| <input type="checkbox"/> Animal Health Care | | |
| <input type="checkbox"/> Other: (Please specify) _____ | | |



Care Packages, Correspondence, Food, and Moral Support:

- Care Packages Correspondence Food
 Moral Support
 Other: (Please specify) _____

Caregivers Assistance:

- Home Health Care Hospice Services Respite Care
 Other: (Please specify) _____

Crisis Counseling and Intervention:

- Anger and Stress Management Rape and/or Incest Counseling Suicide Prevention
 Combat Stress Sexual Abuse Spiritual Counseling
 Domestic Violence Sexual Harassment Spousal Abuse
 Other: (Please specify) _____

Dietary and Nutritional Information and Counseling:

- Blood Pressure Management Diabetes Pain Management
 Childhood Obesity Health and Well Being Sleep Apnea
 Cholesterol Management Joint, Tissue, Fibromyalgia Weight Management
 Other: (Please specify) _____

Education and Career Training:

- Accredited Schools Federal Benefits Small Business
 Apprenticeships Internships Trade Schools
 Certifications Scholarships Vocational Workshops
 Document Preparation
 Other: (Please specify) _____

Emergency Contact Information:

- Emergency Contact Information
 Other: (Please specify) _____

Employment Support and Opportunities:

- Employment Discrimination On-the-Job Training Assistance Small Business/Entrepreneur Opportunities
 Interviewing Skills Resume Writing Workshops
 New Career Training
 Other: (Please specify) _____

Equine Services:

- Horse Handling Horse Riding Rehabilitation Services
 Other: (Please specify) _____



Family Planning:

- Adoption
- Document Preparation
- Donor Counseling
- Other: (Please specify) _____

Fertility and Reproduction Counseling:

- Birth Defects
- Donor Counseling
- Infertility Counseling
- Document Preparation
- Genetic Counseling
- Other: (Please specify) _____

Financial Counseling and Services:

- Balancing Your Bank Account
- Eviction and Foreclosure
- Insurance (Life, Medical, Dental, Vision, Long Term Care, Disability)
- Bankruptcy
- Federal Benefits Assistance
- Managing Your Money/Budgeting
- Debt Management and Credit Counseling
- Financial Aid
- Survivor's Benefits
- Document Preparation
- Financial Counseling
- Other: (Please specify) _____

Housing and Relocation Assistance and Counseling:

- Assistance and Information
- Homeless Veterans Assistance
- Moving Supplies and Services
- Document Preparation
- Transportation
- Other: (Please specify) _____

Interactive Communications Forum:

- Interactive Communications Forum
- Other: (Please specify) _____

Language and Translation Services:

- Language and Translation Services
- Other: (Please specify) _____

Legal Services:

- Child Protective Services
- Elder Law and Protective Services
- Legal Consultation
- Document Preparation
- Immigration & Naturalization
- Legal Representation
- Other: (Please specify) _____

Medical Equipment, Aides and Devices:

- Ambulatory Aides
- Hospice Care
- Spinal Cord Injuries
- Burn Victims
- Limb Prosthesis
- Optical
- Document Preparation
- Oral/Dental
- Respiratory
- Hair Loss
- Paralysis
- Weight Management
- Hearing Impaired
- Podiatry (Foot)
- Home Health Care
- Speech/Language
- Other: (Please specify) _____



Mental Wellness/Giddychand Counseling:

- | | | |
|--|--|--|
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Family Counseling | <input type="checkbox"/> Readjustment |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Life Coach | <input checked="" type="checkbox"/> MC Counseling |
| <input type="checkbox"/> Child/Adolescent Counseling | <input type="checkbox"/> Marriage Counseling | <input type="checkbox"/> Resiliency |
| <input type="checkbox"/> Combat Stress | <input type="checkbox"/> Mood and Behavior Disorders | <input type="checkbox"/> Spiritual Counseling |
| <input type="checkbox"/> Death and Bereavement | <input type="checkbox"/> Moral Injury | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Depression | <input type="checkbox"/> UVU | <input checked="" type="checkbox"/> AVOQ |
| <input type="checkbox"/> Other: (Please specify) _____ | | |

Physical and Rehabilitative Support:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> AVOQ | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Fitness Centers | <input type="checkbox"/> Personal Trainers | <input type="checkbox"/> Speech Therapy |
| <input checked="" type="checkbox"/> Other: (Please specify) _____ | | |

Resource Databases:

- | | |
|--|-------|
| <input type="checkbox"/> Resource Database | _____ |
| <input type="checkbox"/> Other: (Please specify) | _____ |

Retirement and Transition:

- | | |
|--|-------|
| <input type="checkbox"/> Retirement | _____ |
| <input type="checkbox"/> Transition | _____ |
| <input type="checkbox"/> Other: (Please specify) | _____ |

Service Dogs or Therapy Dogs: (SEE ALSO ACTIVITY ASSISTANT ANIMALS)

- | |
|---|
| <input type="checkbox"/> Service Dogs: <i>Must comply with Army Directive 2013-01 to qualify for this category.</i> |
| <input type="checkbox"/> Therapy Dogs: <i>Must comply with Army Directive 2013-01 to qualify for this category.</i> |
| <input type="checkbox"/> Service Dog Products |
| <input type="checkbox"/> Service Dogs Training and Handling |
| <input type="checkbox"/> Other: (Please specify) _____ |

Services for Families, Children, and Caregivers:

- | | | |
|--|--|--|
| <input type="checkbox"/> Services for Families | <input type="checkbox"/> Services for Children | <input type="checkbox"/> Services for Caregivers |
| <input type="checkbox"/> Other: (Please specify) _____ | | |

State Veterans Programs:

- | | |
|--|-------|
| <input type="checkbox"/> State Veterans Programs | _____ |
| <input type="checkbox"/> Other: (Please specify) | _____ |

Substance Abuse Assistance and Counseling:

- | | |
|---|-------|
| <input type="checkbox"/> Alcohol | _____ |
| <input type="checkbox"/> Child/Adolescent Substance Abuse | _____ |
| <input type="checkbox"/> Drugs | _____ |
| <input type="checkbox"/> Tobacco | _____ |
| <input type="checkbox"/> Other: (Please specify) | _____ |



Travel Resources and Retreats:

- Travel Resources
- Travel Retreats
- Other: (Please specify) _____

Veteran, Soldier, and Family Assistance:

- Caregiver Services
- Childcare and Children Services
- Other: (Please specify) _____
- Document Preparation
- Home Health Care
- Hospice Care
- Spousal Services
- Transportation Services
- Volunteer Assistance

Web site content: Community Support Network will post the link to your Web site on www.wct.army.mil/community, and will include a brief description of your organization as well as the relevant products and services you offer. Use the space below, to provide key information you would like included that applies to our “population” and will enable your site and services to be more easily identified. The text should be specific and in the third person.

NOTE: *If you do not provide content, WCT Strategic Communications (STRATCOM) will draft a description based on information from your website. WCT STRATCOM reserves the right to edit all material for style, grammar and pertinence.*



Questions: Contact the WCT Community Support Network Manager at 703-428-8347 or usarmy.pentagon.medcom-fac.list.communitysupportnetwork@mail.mil.

Terms and Conditions: Participation in the WCT Community Support Network (CSN) is strictly voluntary. To be in the WCT CSN all services to the Community must be freely given, covered by insurance, or significantly reduced in price with all costs disclosed up front and prior to any agreement. By submitting this form on behalf of my sponsoring organization, I certify that I am acting as an authorized agent and the information provided above is complete and accurate to the best of my knowledge. I understand that representatives from the WCT CSN will contact me with regular electronic and hard-mail updates, unless otherwise noted. The WCT CSN reserves the right to contact my organization as needed.

I also understand that prior to enrollment in the CSN, my organization will be researched on the Better Business Bureau website and other random internet sites designed to report performance. This research is done to ensure each organization maintains a status that does not reflect a below average rating. I am aware that the CSN will conduct random audits and survey members of the CSN population who use products and services offered on the CSN. If my organization falls out of good standing with the CSN, the CSN Program Manager will attempt to contact my organization by email, telephone, and/or U.S. mail. The WCT reserves the right to remove an organization's information from the CSN at any time for any reason.

By signing this form, I agree not to use the WCT CSN as a business solicitation tool. I also understand that participation in the WCT CSN does not constitute expressed or implied endorsement by the CSN, WCT, U.S. Army Wounded Warrior Program (AW2), the U.S. Army, or the U.S. Department of Defense (DOD) and in no way gives permission to use any Army logos. I further understand that WCT will post the link to my Web site on www.wct.army.mil/community as a "resource" for wounded, injured, and ill Soldiers, Veterans, their Family members, and Caregivers, but does still not constitute expressed or implied endorsement by the CSN, WCT, AW2, the U.S. Army, or the U.S. DOD.

Name of Primary Point of Contact: Date:

Signature of Primary Point of Contact:

This form is incomplete without the ~~signature~~ acknowledgement of the terms and conditions.

Fax your Registration to: (571) 256-3339 ext 925/547/23; 5