

TAPLINK
TOGETHER AS ADOPTIVE PARENTS, INC.
PROVIDER PROFILE

Please print

NAME OF ORGANIZATION.

THERAPISTS NAME

ADDRESS

CITY ZIP COUNTY

HOURS

PHONE Emergency

SPECIALIZES IN.

AGES.

FEE.

INSURANCES ACCEPTED:

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Do you accept the Medical Assistance Card

How many adoptive families do you treat on a regular basis?

Have you had any specialized training/experience in adoption and/or foster care?

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Have you attended or presented at adoption-related conferences?

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