

**South Carolina Department of Probation, Parole and Pardon Services**  
**Service Provider Application**

*Please email the completed form to Service.Providers@ppp.sc.gov.*

**Completion of this form serves as a request to be listed in the Department's Service Provider Directory.**

Service Provider Name	Contact Person and Title
Physical Address	Phone Number
	Fax Number
Mailing Address <i>(if different)</i>	Email Address
	Website
Counties Served:	

Service Information (check if applicable):

- Handicap Accessible     
  Available in Spanish     
  Transportation Assistance

**Please complete for each program.**

Program Name:	Services are: <input type="checkbox"/> Victims Only <input type="checkbox"/> Veterans Only <input type="checkbox"/> Sex Offenders Allowed <input type="checkbox"/> Violent Offenders Allowed <input type="checkbox"/> Males Only <input type="checkbox"/> Females Only
Description of Services:	
Duration of Program: _____	Cost of Services: \$ _____ <input type="checkbox"/> Per Day <input type="checkbox"/> Hour <input type="checkbox"/> Session <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> One-Time Fee  <input type="checkbox"/> Accepts Insurance <input type="checkbox"/> Accepts Medicaid <input type="checkbox"/> Sliding Scale <input type="checkbox"/> No Cost  Financial Assistance/Additional Cost Notes:
Program Schedule Hours:	
Monday _____ Friday _____ Tuesday _____ Saturday _____ Wednesday _____ Sunday _____ Thursday _____	
Intake Process Notes:	
	Eligibility Notes/Restrictions:

Program Name: _____		Services are: <input type="checkbox"/> Victims Only <input type="checkbox"/> Veterans Only <input type="checkbox"/> Sex Offenders Allowed <input type="checkbox"/> Violent Offenders Allowed <input type="checkbox"/> Males Only <input type="checkbox"/> Females Only
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Intake Process Notes:		
Eligibility Notes/Restrictions:		

I understand that the above information will be used to identify the service provider's role in providing rehabilitative services for offenders under the Department's supervision. I also understand that all service fee/costs are at the offender's expense and are not the responsibility of the South Carolina Department of Probation, Parole and Pardon Services and that referrals do not constitute a contract.

\_\_\_\_\_  
Signature of Service Provider \_\_\_\_\_  
Date