

# **Navajo County**

## **Community Health Resource Guide**

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**ORGANIZATION: ADVENTURES IN AT (ASSISTIVE TECHNOLOGY)**

**WHAT SERVICES DO YOU PROVIDE:** Provide a platform for families to learn about assistive technology and how to implement in their child's lives, both at home and school.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** ANYONE

**IS REFERRAL OR PREQUALIFICATION NECESSARY:** NO

**AGE LIMITATIONS: DO YOU CHARGE FOR YOUR SERVICES:** NO

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU?** EMAIL

**EMAIL:** Kim@adventuresinat.com

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** Return email, contact is started.

**ORGANIZATION: AIR EVAC SERVICES**

**WHAT SERVICES DO YOU PROVIDE:** Air Ambulance Transportation Services.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** Anyone with an urgent medical condition that needs to get to a hospital faster than a ground ambulance can provide.

**IS REFERRAL OR PREQUALIFICATION NECESSARY:** YES, medical referral necessary.

**AGE LIMITATIONS:** NONE

**DO YOU CHARGE FOR YOUR SERVICES:** YES, a membership will defray some of the cost.

**DO YOU ACCEPT INSURANCE? YES AHCCCS? YES MEDICARE YES**

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU? PHONE EMAIL WEBSITE**

**EMAIL:** brobarga@phiairmedical.com

**WEBSITE:** www.PHICARES.com

**PHONE:** 888-435-9744

**ORGANIZATION: ARIZONA AT WORK**

**WHAT SERVICES DO YOU PROVIDE:** Job Search, resume writing, interview skills assistance, computer lab available, information on unemployment insurance and employer services.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** ANYONE

**IS REFERRAL OR PREQUALIFICATION NECESSARY:** NO

**AGE LIMITATIONS:** 16 and above

**DO YOU CHARGE FOR YOUR SERVICES:** NO

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU?** PHONE EMAIL WEBSITE

**EMAIL:** lhaas@azdes.gov

**WEBSITE:** azjobconnection.gov

**PHONE:** 928-532-1516

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** Contact is made, and appointment is made to determine skills needed

**ORGANIZATION: ARIZONA CENTER FOR DISABILITY LAW**

**WHAT SERVICES DO YOU PROVIDE:** ACDL is a nonprofit public interest law firm that assists Arizonans with disabilities to promote and protect their legal rights to independence, justice and equality.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** Any person with disabilities in Arizona that is facing legal problems related to their disability.

**IS REFERRAL OR PREQUALIFICATION NECESSARY:** NO

**AGE LIMITATIONS:** NONE

**DO YOU CHARGE FOR YOUR SERVICES:** NO

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU?** PHONE EMAIL WEBSITE

**EMAIL:** center@azdisabilitylaw.org

**WEBSITE:** [www.azdisabilitylaw.org](http://www.azdisabilitylaw.org)

**PHONE:** 602 274-6287 or 800-927-2260

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** An intake request is created and reviewed by our staff.

**ORGANIZATION:** **ARIZONA DEVELOPMENTAL DISABILITIES PLANNING COUNCIL**

**WHAT SERVICES DO YOU PROVIDE:** Information and referral, advocacy, distributes grant monies for system changing projects that advance community inclusion of people with developmental disabilities...but n direct services.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** ANYONE

**IS REFERRAL OR PREQUALIFICATION NECESSARY** NO

**AGE LIMITATIONS:** NONE

**DO YOU CHARGE FOR YOUR SERVICES:** NO

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU?** PHONE EMAIL WEBSITE

**EMAIL:**

**WEBSITE:** [www.azdes.gov/addpc](http://www.azdes.gov/addpc)

**PHONE:** 602-542-8970

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** Depending on situation, follow-up is scheduled.

**ORGANIZATION:** **AZEIP ARIZONA EARLY INTERVENTION PROGRAM**

**WHAT SERVICES DO YOU PROVIDE:** Team-based early intervention services for children with significant developmental delays.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** Children birth to age 3 years who have not reached 50% of their developmental milestones for their chronologic age in one or more of the five domains (fine/gross motor, cognitive, expressive/receptive language or social-emotional.

**IS REFERRAL OR PREQUALIFICATION NECESSARY:** YES (see above criteria)

**AGE LIMITATIONS:** Birth to three years old

**DO YOU CHARGE FOR YOUR SERVICES:** NO

**DO YOU ACCEPT INSURANCE?** YES    **AHCCCS?** YES    **MEDICARE** YES (If no insurance services are still covered under a federal grant.)

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU?** For Southern Navajo County call Northland Therapy Services at 928 532-1532

**EMAIL:** allazeip2@azdes.gov

**WEBSITE:** <https://des.az.gov/services/disabilities/developmental-infant>

**PHONE:** Main 602-532-9960

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** After an intake interview if the child is eligible for services a service coordinator will contact the family.

**ORGANIZATION:** **AROUND THE MOUNTAIN PEDIATRIC DENTISTRY**

**WHAT SERVICES DO YOU PROVIDE:** Pediatric dental services including cleanings, operatives, and under sedation treatment.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** Any child under age 14

**IS REFERRAL OR PREQUALIFICATION NECESSARY:** NO

**AGE LIMITATIONS:** New patients to age 14, but continuing care when older.

**DO YOU CHARGE FOR YOUR SERVICES:** YES

**DO YOU ACCEPT INSURANCE?** YES    **AHCCCS?** YES    **MEDICARE** NO

HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU? PHONE EMAIL WEBSITE

EMAIL: info@atmpd.com

WEBSITE: www.atmpd.com

PHONE: 928-779-0385

WHAT HAPPENS AFTER FIRST CONTACT IS MADE: appointment with dentist is scheduled to evaluate dental needs

ORGANIZATION: ASSIST TO INDEPENDENCE

WHAT SERVICES DO YOU PROVIDE: Information and referral, independent living training, advocacy, peer mentoring, diversion from nursing home placement, transition from nursing home to community living, youth transition from high school to work or higher education, durable medical equipment loan program transportation program traditional healing services.

WHO IS ELIGIBLE FOR YOUR SERVICES: Residents of Navajo Nation, Hopi Nation, and San Juan Southern Painte Nation who live in Coconino, Navajo, and Apache counties

IS REFERRAL OR PREQUALIFICATION NECESSARY: NO, but a doctor's note moves the application faster because it is used to determine eligibility.

AGE LIMITATIONS: NONE

DO YOU CHARGE FOR YOUR SERVICES: YES (there is a fare/donation for transportation services. Cost-sharing if patients have financial ability to do so)

DO YOU ACCEPT INSURANCE? NO AHCCCS? NO MEDICARE NO

HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU?

EMAIL: contact@assistti.org

WEBSITE: www.assistti.org

PHONE: 928-283-6261 or 928-283-6211

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** An appointment is scheduled for initial intake and eligibility document gathering. Eligibility is then determined, and discussions started about needed services. A written plan is prepared and signed to initiate services.

**ORGANIZATION:** **CAROLYN ELEY CRANIOSACRAL THERAPY**

**WHAT SERVICES DO YOU PROVIDE:** Craniosacral therapy modalities.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** EVERYONE

**IS REFERRAL OR PREQUALIFICATION NECESSARY:** If insurance is involved

**AGE LIMITATIONS:** Over 6 years of age

**DO YOU CHARGE FOR YOUR SERVICES:** YES

**DO YOU ACCEPT INSURANCE?** YES    **AHCCCS?** YES    **MEDICARE** YES

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU?** PHONE EMAIL WEBSITE

**EMAIL:** [Carolyneley24@gmail.com](mailto:Carolyneley24@gmail.com)

**PHONE:** 252-334-6566

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** an appointment is scheduled

**ORGANIZATION:** **CHANGE POINT INTEGRATED HEALTH**

**WHAT SERVICES DO YOU PROVIDE:** FULL SPECTRUM OF BEHAVIORAL HEALTH.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** ANYONE IN NAVAJO COUNTY

**IS REFERRAL OR PREQUALIFICATION NECESSARY** NO

**AGE LIMITATIONS:** DO YOU CHARGE FOR YOUR SERVICES: NO AGE LIMITS

**DO YOU ACCEPT INSURANCE?** YES    **AHCCCS?** YES    **MEDICARE** YES

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU?** PHONE EMAIL WEBSITE

**EMAIL:** [marketing@changeoint.org](mailto:marketing@changeoint.org)



**WEBSITE:** mychangepoint.org

**PHONE:** 928-537-5315

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** Initial contact is usually by phone and an initial assessment of the type of services needed and urgency determines the next step.

**ORGANIZATION:** COMMUNITY LEADERSHIP ACADEMY/STATEWIDE INDEPENDENT

**LIVING COUNCIL**

**WHAT SERVICES DO YOU PROVIDE:** Coordinate and organize the Community Leadership Academy for participants and rural communities. Participants develop skills to become leaders within their respective community. Leadership skills used to develop networking, serve on community advisory boards, committees and/or councils to advocate for disability issues.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** People with disabilities and support caregivers.

**IS REFERRAL OR PREQUALIFICATION NECESSARY:** Not necessary if prequalified but acceptance of application necessary.

**AGE LIMITATIONS:** Over age 17

**DO YOU CHARGE FOR YOUR SERVICES:** NO

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU?**

**EMAIL:** ajames@assistti.org

**WEBSITE:** www.leadershipaz.org

**PHONE:** 928-640-0710 or 928-283-6261

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** Application is initiated

**ORGANIZATION: DDD, DEPARTMENT OF ECONOMIC SECURITY: DIVISION OF DEVELOPMENTAL DISABILITIES**

**WHAT SERVICES DO YOU PROVIDE:** Coordination of care for members age 3+ in the DDD/AHCCCS/ALTCS health plan, coordination of community supports to those that do not qualify for Long-Term Care Services. Early Intervention Program to coordinate care for children 0-3.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** Any person with a developmental disability which started before age of 18 and is likely to continue. Qualifying Diagnosis: cerebral palsy That, Epilepsy, autism, or Cognitive/Intellectual disability. Person must show “substantial functional disabilities” due to qualifying diagnosis in three of the seven life function categories.

**IS REFERRAL OR PREQUALIFICATION NECESSARY** YES

**AGE LIMITATIONS:** NONE

**DO YOU ACCEPT INSURANCE?** YES AHCCCS? YES MEDICARE YES

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU?** PHONE EMAIL WEBSITE

**EMAIL:** [HTTPS://ASDES.GOV/DDDELIGIBILITYREQUEST/ELIGIBILITYREQUIREMENTS.CSHTML](https://asdes.gov/DDDELIGIBILITYREQUEST/ELIGIBILITYREQUIREMENTS.CSHTML)

**WEBSITE:** [HTTPS://ASDES.GOV/DDDELIGIBILITYREQUEST/ELIGIBILITYREQUIREMENTS.CSHTML](https://asdes.gov/DDDELIGIBILITYREQUEST/ELIGIBILITYREQUIREMENTS.CSHTML)

**PHONE:** Main 1-844-770-9500: Show Low 928-637-0927

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** An eligibility specialist reviews the online referral and if appropriate, an intake packet will be mailed or sent by email. Once a signed completed packet is received, a follow-up letter is sent, and a decision is made within 30 days.

**ORGANIZATION: DOTERRA ESSENTIAL OILS**

**WHAT SERVICES DO YOU PROVIDE:** Safe, affordable and effective natural solutions.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** Anyone and animals.

**IS REFERRAL OR PREQUALIFICATION NECESSARY: NO**

**AGE LIMITATIONS: NONE**

**DO YOU CHARGE FOR YOUR SERVICES: NO**

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU? PHONE EMAIL WEBSITE**

**EMAIL: denicehall21@gmail.com**

**WEBSITE: mmy.doterra.com/denicehall**

**PHONE: 928-242-4195**

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE: Return contact is made for appointment.**

**ORGANIZATION: FLAT HIPPO, LLC**

**WHAT SERVICES DO YOU PROVIDE: Creation of weighted blankets. Lap pads and other sensory products**

**WHO IS ELIGIBLE FOR YOUR SERVICES: ANYONE**

**IS REFERRAL OR PREQUALIFICATION NECESSARY: NO**

**AGE LIMITATIONS: none**

**DO YOU CHARGE FOR YOUR SERVICES: YES**

**DO YOU ACCEPT INSURANCE? NO AHCCCS? NO MEDICARE NO**

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU? PHONE EMAIL WEBSITE**

**EMAIL: services@flathippo.com**

**WEBSITE: www.flathippo.com**

**PHONE: 480-935-9925**

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE: Needs are assessed.**

**ORGANIZATION: HANGER CLINIC**

**WHAT SERVICES DO YOU PROVIDE:** Custom and off the shelf orthotics.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** Anyone needing orthotics.

**IS REFERRAL OR PREQUALIFICATION NECESSARY:** YES, if required for insurance payment

**AGE LIMITATIONS: DO YOU CHARGE FOR YOUR SERVICES:** All ages

**DO YOU ACCEPT INSURANCE? YES AHCCCS? YES MEDICARE YES**

**WEBSITE:** www.hanger.com

**PHONE:** 928-537-5119

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** The office manager will gather necessary information and schedule an appointment. There is no charge for an evaluation.

**ORGANIZATION: HEAD START NACOG**

**WHAT SERVICES DO YOU PROVIDE:** Early childhood education to income qualified children and families.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** Income qualified families living below national poverty guidelines

**IS REFERRAL OR PREQUALIFICATION NECESSARY NO**

**AGE LIMITATIONS:** Children aged 0 – 5 YRS and pregnant women

**DO YOU CHARGE FOR YOUR SERVICES: NO**

**DO YOU ACCEPT INSURANCE? Not necessary**

**WEBSITE:** www.NACOG.ORG each city has site i.e. showlow@nacog.org

**PHONE:** Holbrook 928-524-6831; Show Low 928-537-7716; Winslow 928-289-2651;

**Pinetop 928-367-2121; Snowflake 928-536-7730; Winslow Early Head Start 928-289-2122**

**ORGANIZATION: HEALTHY FAMILIES ARIZONA / HFAZ**

**WHAT SERVICES DO YOU PROVIDE:** Voluntary homes-based visitation services.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** At risk children and families as determined by screening procedures.

**IS REFERRAL OR PREQUALIFICATION NECESSARY:** YES

**AGE LIMITATIONS:** Pregnant women and families with children age 0-5 and their families.

**DO YOU CHARGE FOR YOUR SERVICES:** NO

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU?** PHONE EMAIL WEBSITE

**EMAIL:** jody@northlandtherapy.com

**PHONE:** 928-532-1532

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** Home visit is scheduled and completed providing families with ongoing assessment and support.

**ORGANIZATION: HEALTH START/NORTH COUNTRY HEALTH CARE**

**WHAT SERVICES DO YOU PROVIDE:** Providing education, physical/emotional support and advocacy for you and your child.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** Pregnant women, new mothers and their families.

**IS REFERRAL OR PREQUALIFICATION NECESSARY:** NO

**AGE LIMITATIONS:** Prenatal to 18 months to register, then continuing

**DO YOU CHARGE FOR YOUR SERVICES:** NO

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU?** PHONE EMAIL WEBSITE

**EMAIL:** Hodd@NCHCAZ.org

**PHONE:** 928-241-8393 928-524-7252

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** Home visit is scheduled to register and answer any questions about the program.

**ORGANIZATION:** HEALTHY STEPS- NORTH COUNTRY HEALTH CARE

**WHAT SERVICES DO YOU PROVIDE:** Educational materials on child development and care, community resources.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** Birth to 5 years

**IS REFERRAL OR PREQUALIFICATION NECESSARY:** NO

**AGE LIMITATIONS:** Birth to 5 years

**DO YOU CHARGE FOR YOUR SERVICES:** NO

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU?** PHONE EMAIL WEBSITE

**EMAIL:** dslewis@nchcaz.org

**PHONE:** 928-524-725...St. Johns 928-337-5156...Round Valley 928-333-7050

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** Arrangement for a visit and evaluation at a North Country Clinic

**ORGANIZATION:** LEXINGTON LEARNING CENTER DDD Services

**WHAT SERVICES DO YOU PROVIDE:**

**WHO IS ELIGIBLE FOR YOUR SERVICES:** Individuals with autism, developmental disabilities, intellectual disabilities and behavioral disorders to promote choice and dignity and independence by providing educational, therapeutic and consultative services.

**IS REFERRAL OR PREQUALIFICATION NECESSARY:** Must be enrolled in DDD

**AGE LIMITATIONS:** 3-5 years of age

**DO YOU CHARGE FOR YOUR SERVICES:** Paid by DDD

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU? PHONE EMAIL WEBSITE**

**EMAIL: Tina@lexingtonlifeacademy.com**

**PHONE: 928-351-7864**

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE: Schedule appointment for completion of enrollment packet and determine DDD eligibility along with meet and greet at school.**

**ORGANIZATION: LEXINGTON LIFE ACADEMY**

**WHAT SERVICES DO YOU PROVIDE: Individualized services for individuals with autism to include education, therapy and consultation. These services promote choice, dignity, and independence.**

**WHO IS ELIGIBLE FOR YOUR SERVICES: Children with an IEP indicating autism**

**IS REFERRAL OR PREQUALIFICATION NECESSARY: School IEP for Autism**

**AGE LIMITATIONS: DO YOU CHARGE FOR YOUR SERVICES: 3 y/o through High School**

**PAYMENT: Through Empowerment Scholarship Account (ESA)**

**EMAIL: Tina@lexingtonlifeacademy.com**

**WEBSITE: lexingtonlifeacademy.com**

**PHONE: 928-351-7864**

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE: Once enrollment packet is completed and IEP is reviewed a meeting is scheduled with the principal along with a facility tour. Since payment is usually through ESA an application is started at that time.**

**ORGANIZATION: LITTLE CHAMPIONS**

**WHAT SERVICES DO YOU PROVIDE: Special needs advocate, IEP coaching, one on one coaching and group trainings. For anyone who knows someone with special needs or anyone needing support in understanding IEP's and 504 plans.**

**WHO IS ELIGIBLE FOR YOUR SERVICES: ANYONE**

**IS REFERRAL OR PREQUALIFICATION NECESSARY: NO**

**AGE LIMITATIONS: NONE**

**DO YOU CHARGE FOR YOUR SERVICES: YES**

**DO YOU ACCEPT INSURANCE: NO**

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU? PHONE EMAIL WEBSITE**

**EMAIL: Courtney@courtneyburnett.com**

**WEBSITE: www.courtneyburnett.com**

**PHONE: 623-745-0330**

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE: A free 15 min consultation is arranged to see how to best help the family and child.**

**ORGANIZATION: MEADOWS LLC**

**WHAT SERVICES DO YOU PROVIDE: People with developmental and physical disabilities. Summer programs available for 16+ years old and still in high school. Day program and work programs after high school. Any member choosing a work program must complete a vocational assessment prior to starting**

**WHO IS ELIGIBLE FOR YOUR SERVICES: Any person who qualifies for title 19 services through DDD**

**IS REFERRAL OR PREQUALIFICATION NECESSARY? YES**

**AGE LIMITATIONS: 16 and older**

**DO YOU CHARGE FOR YOUR SERVICES: funding through title 19 through DDD or private pay**

**DO YOU ACCEPT INSURANCE? NO AHCCCS? YES MEDICARE NO**

**WEBSITE: [meadowsres@frontiernet.net](mailto:meadowsres@frontiernet.net) or [meadowssupervisor@themeadows.us](mailto:meadowssupervisor@themeadows.us)**

**PHONE: 928 242 0124 or 928 242 6585**



**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** You will be asked a series of questions as to what **SERVICES YOU DESIRE IN A Day Program.** You will be invited to tour the day program.

**ORGANIZATION:** **MEDCARE 360**

**WHAT SERVICES DO YOU PROVIDE:** Assisting individuals in choosing a Medicare program that best fits their needs: supplement, Advantage Plan , Part D prescription or Special Needs Program.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** Anyone with Medicare Part A and B

**IS REFERRAL OR PREQUALIFICATION NECESSARY:** NO

**AGE LIMITATIONS:** NONE

**DO YOU CHARGE FOR YOUR SERVICES:** NO

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU?** PHONE EMAIL WEBSITE

**EMAIL:** kevin@Medcare360.com

**WEBSITE:** Medcare360.com

**PHONE:** 928-368-3297

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** An appointment is made for a complete needs assessment

**ORGANIZATION:** **NAU IHD AT CENTER**

**WHAT SERVICES DO YOU PROVIDE:** DDD communication device evaluation and training....assistive technology demonstration and loan

**WHO IS ELIGIBLE FOR YOUR SERVICES:** DDD clients and community members

**IS REFERRAL OR PREQUALIFICATION NECESSARY:** DDD communication evaluations

**AGE LIMITATIONS:** NONE

**DO YOU CHARGE FOR YOUR SERVICES:** DDD funds evaluations, no charge for demonstrations

DO YOU ACCEPT INSURANCE? YES AHCCCS? YES MEDICARE NO

HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU? PHONE EMAIL WEBSITE

EMAIL: communication device: [aacevalprogram@nau.edu](mailto:aacevalprogram@nau.edu) Loan and Demo:

[nikkol.anderson@nau.edu](mailto:nikkol.anderson@nau.edu)

PHONE: 928-523-6759

WHAT HAPPENS AFTER FIRST CONTACT IS MADE: Appointment is scheduled

ORGANIZATION: **NAVAJO COUNTY FAMILY ADVOCACY CENTER**

WHAT SERVICES DO YOU PROVIDE: Forensic interviews, forensic medical exams, therapy services case management.

WHO IS ELIGIBLE FOR YOUR SERVICES: Anyone who has been a victim of sexual abuse or assault

IS REFERRAL OR PREQUALIFICATION NECESSARY: Law enforcement, DCS, NACASA

AGE LIMITATIONS: NONE

DO YOU CHARGE FOR YOUR SERVICES: NO

HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU? PHONE EMAIL WEBSITE

PHONE: 928-527-1900 NACASA Hotline

WHAT HAPPENS AFTER FIRST CONTACT IS MADE : Interview scheduled

ORGANIZATION: **NAMI WHITE MOUNTAINS, AZ AFFILIATE**

WHAT SERVICES DO YOU PROVIDE: Nationwide advocacy group, locally offering Family Support Group twice a month, and classes for families and loved ones of both adults and children dealing with mental health challenges.

WHO IS ELIGIBLE FOR YOUR SERVICES: Any family member, caregiver or loved one of those with mental illness. Peer advocacy is available, more services for peers will be forthcoming.

**IS REFERRAL OR PREQUALIFICATION NECESSARY NO**

**AGE LIMITATIONS: DO YOU CHARGE FOR YOUR SERVICES: All ages**

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU? PHONE EMAIL WEBSITE**

**EMAIL: NAMIwhitemountains@gmail.com**

**WEBSITE: www.namiwmaz.org**

**PHONE: 928-298-1914**

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE: Depends on comfort level of participant and what situation is applicable. After first contact, it is possible to sign up for a class, come to a support group meeting, or meet up to talk and become acquainted with NAMI.**

**ORGANIZATION: RAISING SPECIAL KIDS**

**WHAT SERVICES DO YOU PROVIDE: Support to parents of children with special needs. Provide information and resources in areas of special education, navigating healthcare, community resources, parent to parent support, IEP support, assistance with transition and guardianship.**

**WHO IS ELIGIBLE FOR YOUR SERVICES: Parents of child 0 – 26 years with any kind of developmental, physical, medical, or behavioral health condition.**

**IS REFERRAL OR PREQUALIFICATION NECESSARY NO**

**AGE LIMITATIONS: DO YOU CHARGE FOR YOUR SERVICES: No charge for services**

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU? PHONE EMAIL WEBSITE**

**EMAIL: terrag@raisingspecialkids.org**

**WEBSITE: www.raisingspecialkids.org**

**PHONE: Main 602 242-4366; Flagstaff 928-255-4049**

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** Referral can start with form completed at website or parent can call the main office directly. After initial information, parent is called by Family Support Specialist within three days. If need is urgent, call either main office or Flagstaff office.

**ORGANIZATION:** **SUMMIT HEALTHCARE INTEGRATED BEHAVIORAL HEALTH**

**WHAT SERVICES DO YOU PROVIDE:** Behavioral health and associated social services in the setting of outpatient primary care clinics of Summit Healthcare Medical Associates.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** Primary care patients of Summit Healthcare Medical Associates.

**IS REFERRAL OR PREQUALIFICATION NECESSARY:** YES, by primary care physician

**AGE LIMITATIONS:** NONE

**DO YOU CHARGE FOR YOUR SERVICES:** Bill for service.

**DO YOU ACCEPT INSURANCE?** YES AHCCCS: YES MEDICARE: YES

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU?** INTERNAL REFERRAL FROM PRIMARY CARE PHYSICIAN

**WEBSITE:** WWW.SUMMITHEALTHCARE.NET

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** A scheduled appointment is made within the primary care office at which an assessment is made, and future sessions are scheduled.

**ORGANIZATION:** **SUMMIT HEALTHCARE PEDIATRICS**

**WHAT SERVICES DO YOU PROVIDE:** Comprehensive healthcare for children with special healthcare needs and healthy siblings. Telemedicine services with specialists from Phoenix Children's Hospital.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** All children

**IS REFERRAL OR PREQUALIFICATION NECESSARY** NO

**AGE LIMITATIONS: DO YOU CHARGE FOR YOUR SERVICES:** To age 25 for children with special healthcare needs and birth through age 19 for healthy children.

**DO YOU ACCEPT INSURANCE? YES    AHCCCS? YES    MEDICARE   YES**

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU?   PHONE   EMAIL   WEBSITE**

**WEBSITE:** summithealthcare.net

**PHONE:** 928-537-6735

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** An initial appointment is made to get to know your child and anything you may need.

**ORGANIZATION: SUMMIT HEALTHCARE THERAPY SERVICES**

**WHAT SERVICES DO YOU PROVIDE:** Physical therapy, occupational therapy, speech-language therapy.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** Anyone experiencing an acute, chronic, or developmental condition. Included but not limited to: torticollis, cerebral palsy, down syndrome, spina bifida, sensory processing problems, autism, communication or speaking issues, developmental delays, swallowing or eating problems.

**IS REFERRAL OR PREQUALIFICATION NECESSARY: YES**

**AGE LIMITATIONS: NONE**

**DO YOU CHARGE FOR YOUR SERVICES: YES**

**DO YOU ACCEPT INSURANCE? YES    AHCCCS? YES    MEDICARE   YES**

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU**

**WEBSITE:** SUMMITHEALTHCARE.NET

**PHONE:** 928-367-5777 / Fax 928-367-5778

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** An evaluation appointment is made

**ORGANIZATION: TLC SUPPORTED LIVING SERVICES**

**WHAT SERVICES DO YOU PROVIDE:** Residential , Day Program, vocational program, children's residential.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** DDD enrolled individuals.

**IS REFERRAL OR PREQUALIFICATION NECESSARY:** DDD enrolled

**AGE LIMITATIONS:** NONE

**DO YOU CHARGE FOR YOUR SERVICES:**

**DO YOU ACCEPT INSURANCE? YES    AHCCCS? YES    MEDICARE YES**

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU? PHONE EMAIL WEBSITE**

**EMAIL:** pam.stephens@tlcsupportedliving.com

**PHONE:** 928-537-9744

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** Evaluation scheduled

**ORGANIZATION: WHITE MOUNTAIN AUTISM FOUNDATION**

**WHAT SERVICES DO YOU PROVIDE:** Community events and opportunities for individuals with disabilities. Referral resource, speaker events.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** Families and individuals with autism.

**IS REFERRAL OR PREQUALIFICATION NECESSARY:** NO

**AGE LIMITATIONS:** NONE

**DO YOU CHARGE FOR YOUR SERVICES:** NO

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU? PHONE EMAIL WEBSITE**

**EMAIL:** donmcmasters01@gmail.com

**WEBSITE:** whitemountainautismfoundation.org

**PHONE:** 928-240-1214

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** Information and referral resources as needed

**ORGANIZATION:** **WHITE MOUNTAIN COMMUNITY GARDEN**

**WHAT SERVICES DO YOU PROVIDE:** Gardening experience, training and education, AD compliance, children's garden and gardening workshop.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** EVERYONE

**IS REFERRAL OR PREQUALIFICATION NECESSARY:** NO

**AGE LIMITATIONS:** NONE

**DO YOU CHARGE FOR YOUR SERVICES:** Membership fee (may be waived).

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU?** PHONE EMAIL WEBSITE

**EMAIL:** wmgardeners@gmail.com

**WEBSITE:** wmgarden.com

**PHONE:** 602-810-8175

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** Invitation to come to the garden to take a tour and join activities.

**ORGANIZATION:** **WIC PROGRAM NAVAJO COUNTY**

**WHAT SERVICES DO YOU PROVIDE:** Nutrition during pregnancy, breast-feeding support, child growth and hemoglobin screening, infant and children feeding help, referrals to health care and community services, healthy diet.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** Children 0-5 Y/0, pregnant women, breast-feeding women until infants first birthday, women whose pregnancy ended less than six months prior.

**IS REFERRAL OR PREQUALIFICATION NECESSARY:** NO

**AGE LIMITATIONS:** Pregnant females 14 years or older, persons whom just had a child or any child 0 - 5 years old.

**DO YOU CHARGE FOR YOUR SERVICES:** NO

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU?** PHONE EMAIL WEBSITE

**WEBSITE:** AZWIC.GOV for phone number in area

**PHONE:** Main 1-800-252-5942 / Snowflake 928-532-6050

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** After precertification (above) an appointment is set up.

**ORGANIZATION:** WOLF MOUNTAIN THERAPEUTIC RANCH

**WHAT SERVICES DO YOU PROVIDE:** Equine therapy, therapy for special needs, emotional and physical support with horses, ambassador mini program, emotional and physical support for veterans and first responders.

**WHO IS ELIGIBLE FOR YOUR SERVICES:** ANYONE

**IS REFERRAL OR PREQUALIFICATION NECESSARY:** NO

**AGE LIMITATIONS:** Specialize in children, but work with all ages

**DO YOU CHARGE FOR YOUR SERVICES:** YES, along with fundraisers and scholarships for our non-profit.

**DO YOU ACCEPT INSURANCE?** NO **AHCCCS?** NO **MEDICARE** NO

**HOW DOES A PATIENT MAKE FIRST CONTACT WITH YOU?** PHONE EMAIL WEBSITE

**EMAIL:** Deanna.mcneil.24@gmail.com

**WEBSITE:** wolmountainranchaz.com

**PHONE:** 928-242-0282 928-358-8718

**WHAT HAPPENS AFTER FIRST CONTACT IS MADE:** Schedule visit