

Agency Name: Planned Parenthood of the Rochester/Syracuse Region		
Address: 114 University Avenue, Rochester, NY 14605		
Contact Person/Title: Rick Bartell		
Phone No.: 585-546-2771 x346	Hotline No.: 1-866-600-6886 (Helpline)	Website: www.pprsr.org
TTY No.:	Fax No.: 585-546-7001	Email Address: fbartell@pprsr.org
HIV/AIDS Related Services: HIV testing, pretest screening, referral services		
Target Populations Served:		
Languages Spoken by Service Providers (including ASL):		
Regular Operating Hours: Mon. – Fri., 9:00-8:30pm Sat., 9:00-1:00pm	How Services are Accessed: <input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> Appointment <input checked="" type="checkbox"/> Referral	
Payment Sources Accepted: <input checked="" type="checkbox"/> No Charge <input checked="" type="checkbox"/> Private Pay <input checked="" type="checkbox"/> HMO <input checked="" type="checkbox"/> Insurance <input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Sliding Fee <input type="checkbox"/> Other _____		
Counties Served: <input type="checkbox"/> Chemung <input checked="" type="checkbox"/> Monroe <input type="checkbox"/> Schuyler <input type="checkbox"/> Steuben <input type="checkbox"/> Yates <input type="checkbox"/> Livingston <input checked="" type="checkbox"/> Ontario <input type="checkbox"/> Seneca <input checked="" type="checkbox"/> Wayne <input type="checkbox"/> Orleans <input type="checkbox"/> Genesee <input type="checkbox"/> Other: _____		
Services Provided		
<u>Counseling & Testing</u> <input checked="" type="checkbox"/> HIV <input checked="" type="checkbox"/> STD <input type="checkbox"/> TB	<u>Legal</u> <input type="checkbox"/> Civil <input type="checkbox"/> Human Rights/ADA <input type="checkbox"/> Permanency Planning	<u>Mental Health</u> <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Counseling <input type="checkbox"/> Bereavement Support
<u>Domestic Violence</u> <input type="checkbox"/> Hotline <input type="checkbox"/> Housing <input type="checkbox"/> Support Groups	<u>Long-Term Care</u> <input type="checkbox"/> Home Care <input type="checkbox"/> Respite <input type="checkbox"/> Hospice <input type="checkbox"/> Home for Dying	<u>Prevention Education</u> <input type="checkbox"/> Target Group(s): Teens and Adults
<u>HIV/AIDS Case Management</u> <input type="checkbox"/> COBRA <input type="checkbox"/> Community/Supportive <input type="checkbox"/> Medical	<u>Medical Care</u> <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Clinical Trials	<u>Substance Treatment</u> <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Detox <input type="checkbox"/> Support Groups _____
<u>Housing Services</u> <input type="checkbox"/> Housing Placement & Referral <input type="checkbox"/> Security Deposit <input type="checkbox"/> Emergency Rental Assistance <input type="checkbox"/> Long/Short Term Subsidy <input type="checkbox"/> Emergency Utility Assistance	<u>Supportive Services</u> <input type="checkbox"/> Peer Support Groups <input type="checkbox"/> Structured Socialization Activities <input type="checkbox"/> Consumer Education	<u>Other</u>