

**ORGANIZATION INFORMATION FORM**

DATE: \_\_\_\_\_

*This is only for information about your agency's administrative office*

**ORGANIZATION NAME:** \_\_\_\_\_

**ADMINISTRATIVE PHYSICAL ADDRESS:**  *Physical location is confidential Please provide PO Box mailing address.*

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Toll-free \_\_\_\_\_  
TDD \_\_\_\_\_ Other \_\_\_\_\_

**ORGANIZATION EMAIL:** \_\_\_\_\_

**ORGANIZATION WEB ADDRESS:** \_\_\_\_\_

**CEO/COO OF THE ORGANIZATION (Executive Director, President, etc.)**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone(if different from main #) \_\_\_\_\_ E-mail \_\_\_\_\_

**TYPE OF ORGANIZATION:**  Nonprofit 501(c)(3)  Government  Other \_\_\_\_\_

**Please provide us with the name and number of a contact person we can call for additional information.**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone (if different from main #) \_\_\_\_\_ E-mail \_\_\_\_\_

**IS THIS SITE ACCESSIBLE TO THE DISABLED?**  Yes  No **ALSO FOR WHEELCHAIRS?**  Yes  No

**DESCRIPTION OF ORGANIZATION** (Please provide a brief explanation of your organization and the services provided)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DAYS and HOURS** (open for administrative contact; please indicate service hours in the program information form)  
\_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm Days: Mon Tue Wed Thu Fri Sat Sun

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SITE INFORMATION FORM**

DATE: \_\_\_\_\_

**IMPORTANT:** *If your organization only has one location, your site name will be the same as your organization name. (Please complete one Site Information Form for each site/location you would like listed.)*

**SITE NAME (Location):** \_\_\_\_\_  
*If any additional sites do not have specific names, please use the geographic area, such as Rosenberg Office, Westheimer Office, etc.*

**ORGANIZATION NAME:** \_\_\_\_\_

**PHYSICAL ADDRESS OF SITE:**  *Physical location is confidential. Please provide PO Box mailing address.*

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PHONE NUMBERS & INTERNET ACCESS OF SITE** Intake \_\_\_\_\_  
Fax \_\_\_\_\_ Toll-free \_\_\_\_\_ TDD \_\_\_\_\_  
E-mail \_\_\_\_\_ Web Site \_\_\_\_\_

**Is this site accessible to the disabled?**  Yes  No **Also for wheelchairs?**  Yes  No

**LANGUAGES** (Other than English)  ASL  Spanish Other:

**SERVICE AREA OF THIS SITE :** Check the area(s) you serve

Forrest  Lamar  Marion  Perry  Entire state

If only part of a county is served , please also specify zip codes and/or cities served: \_\_\_\_\_

**PROGRAMS OFFERED AT THIS SITE** (List program names)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your organization have a SITE DIRECTOR?**  Yes  No

Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**PROGRAM INFORMATION FORM**

DATE: \_\_\_\_\_

*Please complete one Program Information Form for each program you would like listed.*

**PROGRAM NAME:** \_\_\_\_\_

**ORGANIZATION NAME:** \_\_\_\_\_

**LOCATION(S) OF WHERE PROGRAM IS OFFERED:**  Available at the Main Office of organization  
*List names of sites that this program is offered at, each site listed must have a Site Information Form completed w/ address and phone information.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHONE NUMBER** (if different from main number at that site) \_\_\_\_\_

**DESCRIPTION OF PROGRAM**

(Please provide a brief explanation of the services offered by this program, excluding information that you will provide below.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ELIGIBILITY** (i.e., age, gender, special conditions, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Are the following groups of people eligible for services, if they fit the eligibility criteria above? Please note any exclusions.

Undocumented individuals  Yes  No      Individuals formerly incarcerated?  Yes  No  
Parolees?  Yes  No      Probationers?  Yes  No

**FEES**  None     Accepts Medicare     Accepts Medicaid     Flat fee     Based on income and family size  
 Donation accepted     Call for Information  Other: \_\_\_\_\_

**INTAKE PROCEDURE** (How to apply for services)  Call for application     Call for appointment  
 Call for information     Walk-ins accepted     Other: \_\_\_\_\_

**DOCUMENTS REQUIRED**  None     Valid Identification     Proof of address     Utility bill  
 Application     Proof of income     Social Security card(s)     Call for information  
 Other: \_\_\_\_\_

**LANGUAGES** (Other than English)  ASL  Spanish  Other:

**DAYS and HOURS** (open to provide services) \_\_\_\_\_

**GEOGRAPHIC AREA SERVED:** Check the area(s) you serve

Forrest  Lamar  Marion  Perry  Entire state

If only part of a county is served, please also specify zip codes and/or cities served:

\_\_\_\_\_

## MEMORANDUM OF UNDERSTANDING

I have read the **IMPORTANT INFORMATION** at the bottom of this form.

I hereby authorize United Way 2-1-1 to utilize my organization's information for inclusion in its Community Resources database and all printed and electronic materials that it publishes and/or sold to others.

Non-profit  501(c)(3)

**Organization Name**

Government  For-profit

**Executive Director** (please print): \_\_\_\_\_

**Title** (if not Executive Director): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Please provide us with the name and number of a contact person we can call if we have questions or need additional information.

Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

**In order for us to conduct a web-based annual updating process of your agency's information we request that you provide us with a primary and a secondary (if available) email address that will be used to allow your agency access to review, submit change and/or add information annually as requested, as well as when you become aware of changes to your information. If at this time your agency does not have an email address, your annual update will be mailed to you.**

No email at this time

**Primary Email:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Secondary Email:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

### IMPORTANT INFORMATION

The information you provide for the United Way's 2-1-1 Community Resources database may be sold in a printed directory format, directory on CD format, special reports and/or as mailing labels. The information in the database may also be made available on the Internet and in other printed or electronic formats. Many organizations and individuals use this information to refer others to your organization and program based on your information.

***Please do not include any organization or program information that you do not want released to the public. All information we request is optional and should be provided at your discretion. We reserve the right to edit your information.***