

Phone Numbers

1- What are the primary phone numbers for your organization?
Additionally, please indicate the purpose of the phone number. For example:
Service/Intake, Administration, Emergency, Fax, Toll Free, TTY/TDD, etc.

- () _____ - _____ Ext. _____ Purpose: _____
- () _____ - _____ Ext. _____ Purpose: _____
- () _____ - _____ Ext. _____ Purpose: _____
- () _____ - _____ Ext. _____ Purpose: _____
- () _____ - _____ Ext. _____ Purpose: _____

Administrator and Contact Name

1. Who is the **Executive Director or Administrator** of the organization?

Name _____ Title _____

Phone () _____ - _____ Ext _____ E-Mail _____

2. Who will be the **Contact Person** to update the information for the organization?

Name _____ Title _____

Phone () _____ - _____ Ext _____ E-Mail _____

Web Site and E-Mail Please Indicate if your agency has e-mail Yes No

URL (web site address): _____

E-Mail: _____

Organization Type

1. Organization Type:
Pick "**one**" of the below that best describes your organization.

- Church Affiliated Nonprofit Organization For-Profit Organization
- Government- County Government- City Government- State
- Government- Federal Government-Public School District/Board of Education

2. Facility Type
Pick "**one**" of the below that best describes your organization.

- School Church Office Building
- Government office Clinic/ Hospital
-

Other: _____

Multi-Site Section

Mark an "X" in the box if your organization has multiple locations or sites.
Note: If you checked this box, you will need to complete an "Additional Site Profile" for each site.

Funding

What are the sources of funding for the organization?

- United Way Grants
 Government Donations or Contributions
 Other: _____

Agency Description or Mission Statement

Hours and Days of Operation

On what days and during what hours is the main office staffed for administrative purposes?
This is generally known as "office hours"

Accessibility

1. Is this site accessible by public transportation? Yes No
2. Is this site handicap accessible? Yes No
3. List languages, other than English, in which the services are available:

United Way Publications

Would you like to list your information in our:

- Directory Yes No
Web Site Yes No

Services provided by organization (main site)

If your organization has multiple programs that offer different services, please list the program name followed by the service(s). If your organization does not have programs, please list the service provided.

For example:

Organization with Programs:

Agency Name: The Church

<u>Program/ Service Name</u>	<u>Description of Service</u>
1- Helping Fund:	Rent, utility and food assistance.
2- We Support:	Bereavement Support Group

Organization without Programs:

Agency Name: The Church

<u>Program/ Service Name</u>
1- Rent assistance
2- Utility assistance
3- Food assistance

AKA Names for Programs: Other names which the program goes by

Program Contact Person: The specific contact for the particular program or service

Eligibility: Please list the eligibility requirements for each program/service.

Program Target Populations: Please indicate any specific populations to which the program is geared for or targeted towards.

Area served: Please indicate if there are specific service areas for your program at the county, city, zip code, or street level.

Program Hours: Please indicate when this service is provided, including both day and time.

Fee: Please indicate if there is a fee for the service. Also indicate if sliding fee scales are available or types of payment accepted.

Intake: Please indicate how the client can access the service.

Referral or Documents Required: List the names of the organization that can write referrals for this service or list any documents that are required for this service.

<u>Program/ Service Name</u>	<u>Description of Service</u>
1- _____:	_____
_____	_____

AKA Names for Program: _____

Program Contact Person: _____ **Contact Phone:** _____

Eligibility: _____

Program Target Populations: _____

Area(s) Served: _____ **Program Hours:** _____

Fee: _____ **Intake:** _____

Referral or Documents Required: Yes No **Explain:** _____

Program/ Service Name

Description of Service

2- _____ :

AKA Names for Program: _____

Program Contact Person: _____ Contact Phone: _____

Eligibility: _____

Program Target Populations: _____

Area(s) Served: _____ Program Hours: _____

Fee: _____ Intake: _____

Referral or Documents Required: Yes No Explain: _____

Program/ Service Name

Description of Service

3- _____ :

AKA Names for Program: _____

Program Contact Person: _____ Contact Phone: _____

Eligibility: _____

Program Target Populations: _____

Area(s) Served: _____ Program Hours: _____

Fee: _____ Intake: _____

Referral or Documents Required: Yes No Explain: _____

Program/ Service Name

Description of Service

4- _____ :

AKA Names for Program: _____

Program Contact Person: _____ Contact Phone: _____

Eligibility: _____

Program Target Populations: _____

Area(s) Served: _____ Program Hours: _____

Fee: _____ Intake: _____

Referral or Documents Required: Yes No Explain: _____

Program/ Service Name

Description of Service

5- _____ :

AKA Names for Program: _____

Program Contact Person: _____ Contact Phone: _____

Eligibility: _____

Program Target Populations: _____

Area(s) Served: _____ Program Hours: _____

Fee: _____ Intake: _____

Referral or Documents Required: Yes No Explain: _____