AGENCY REQUEST FORM

Thank you for choosing to add your community resource(s) to the Stanislaus County 211 Database. Please note that you must submit a separate request form for each program you wish to add to our database. Wed Agency / Program Information:

Check one: New Agency ☐   Agency Update ☐

1. Agency Name (Legal):_____

Name or abbriveation your agency is also known as: _____

2. Agency Description: *(Please provide a brief description of your agency and the type of program services provided.)*

_____
_____
_____
_____
_____

3. Organizational Status:

Not-For-Profit: ☐   For Profit/Proprietary: ☐   Government: ☐

School: ☐   Religious Affiliated Organization: ☐   501 (c) (3): ☐

4. **Site Address:**
_____

Phone number:
( )_____

City:_____ State:_____ Zip:_____

Mailing Address:
_____

Fax number:
( )_____

City:_____ State:_____ Zip:_____

5. Agency Schedule: s m t w t f s

From:_____   To:_____   Weekend Hours: From:_____   To:_____

6. **Website**:
www._____

7. **Website Email**:
_____

8. **Public Contact Information**:

Name:_____   Role:_____

Phone:(____)_____   Fax:(____)_____

Email Address:_____

9. **Executive Director**:
Private Contact?
(YES)   (NO)

Name:_____   Role:_____

Phone:(____)_____   Fax:(____)_____

Email Address:_____

10. **Program Contact**:
Private Contact?
(YES)   (NO)

Name:_____   Role:_____

Phone:(____)_____   Fax:(____)_____

Email Address:_____

11. **Accessibility**: Indicate what accommodations your facility provides to people with disabilities;

Elevator: ☐   Wheelchair access: ☐   Designated Parking: ☐

Outside Ramps: ☐   Wheelchair Lifts: ☐   No Access: ☐

12. *Reasonable Distance of* **Public Transportation**?:   (YES)   (NO)   Bus Routes:_____

13. **Languages**:   (English)   (Spanish)   (Punjabi)   (Tagalog)   (Other):_____

14. **Any Eligibility Requirements?**_____

15. **Any other Requirements**:_____

16. **Intake Procedure**:   Appointment ☐   Phone ☐   Walk-in ☐   Virtual ☐

17. **Are individuals charged for your services**? (NO), (YES) *If yes*, Fee amount_____   Insurance? ☐

(Please Date/ Sign and Submit by mail, fax, in person or email to the information bellow.)

Print name:_____   Date:_____

Signature:_____

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of Stanislaus County

NEW PROGRAM REQUEST FORM

Thank you for choosing to add your community resource(s) to the Stanislaus County 211 Database. Please note that you must submit a separate request form for each Program you wish to add to our database. Wed Agency / Program Information:

Check one: New Program ☐ Program Update ☐

1. Program Name (Legal):_____

2. Name of Agency linked to:_____

3. Program Description: *(Please provide a brief description of your Program and the type of services provided.)*

_____
_____
_____
_____
_____

4. Organizational Status:

Not-For-Profit: ☐   For Profit/Proprietary: ☐   Government: ☐

School: ☐   Religious Affiliated Organization: ☐   501 (c) (3): ☐

5. **Site Address:** _____   **Phone number**: (____)_____

City:_____ State:_____ Zip:_____

Mailing Address: _____   **Fax number**: (____)_____

City:_____ State:_____ Zip:_____

6. Agency Schedule: **s** **m** **t** **w** **t** **f** **s**

From:_____ To:_____   Weekend Hours: From:_____ To:_____

7. **Website**: www._____

8. **Website Email**: _____

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2022 California Nonprofit of the Year

9. **Public Contact Information**:

Name:_____ Role:_____

Phone:(___)_____ Fax:(___)_____

Email Address:_____

10. **Executive Director**:
Private Contact?
(YES)   (NO)

Name:_____ Role:_____

Phone:(___)_____ Fax:(___)_____

Email Address:_____

11. **Program Contact**:
Private Contact?
(YES)   (NO)

Name:_____ Role:_____

Phone:(___)_____ Fax:(___)_____

Email Address:_____

12. **Accessibility**: Indicate what accommodations your facility provides to people with disabilities;

Elevator: ☐   Wheelchair access: ☐   Designated Parking: ☐

Outside Ramps: ☐   Wheelchair Lifts: ☐   No Access: ☐

13. *Reasonable Distance of* **Public Transportation**?:   (YES)   (NO)   Bus Routes:_____

14. **Languages**:   (English)   (Spanish)   (Punjabi)   (Tagalog)   (Other):_____

15. **Any Eligibility Requirements?**_____

16. **Any other Requirements**:_____

17. **Intake Procedure**:   Appointment ☐   Phone ☐   Walk-in ☐   Virtual ☐

18. **Are individuals charged for your services**? (NO), (YES) *If yes*, Fee amount_____ Insurance? ☐

(Please Date/ Sign and Submit by mail, fax, in person or email to the information bellow.)

Print name:_____   Date:_____

Signature:_____