



NEW 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.

Agency / Program Information:

1. Agency Name (Legal): _____

Name or abbreviation your agency is also known as: _____

2. Organizational Status:

Not-For-Profit: Government: School: Religious Affiliated Organization:

501 (c) (3) (Please include supporting documentation): For Profit/Proprietary:

3. Agency Description

Please provide a brief description of your agency and the type of program services provided.

3. Program Name: _____

(Please submit an Information form for each program or service that the organization provides)

4. Site Address: _____

5. Mailing Address: _____

City: _____ Zip: _____

6. Website Address: _____

7. Public Contact Information: Name: _____

Phone: _____ Fax: _____

Email Address: _____

8. Executive Director: Name: _____

Phone: _____ Fax: _____

Email Address: _____

9. Program Contact: Name: _____

Phone: _____ Fax: _____

Email Address: _____

10. Agency Hours *(Please note all days and hours agency is open to the public or services are provided):*

Mon	_____	Tues	_____	Wed	_____	Thurs	_____	Fri	_____
Sat	_____	Sun	_____	Special Seasonal Hours (if any):				_____	_____



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

Elevator: Indoor wheelchair access: Designated Parking: Outside Ramps: Wheelchair Lifts: No Access:

Public Transportation (Is your agency within a reasonable distance of public transportation?): Yes No

Bus Routes? (Please List)

(Please list): _____

13. Languages: In addition to English, what languages are routinely spoken by your staff?

(Please list): _____

Client Requirements to Receive Agency / Program Services:

14. Eligibility Requirements (Please List): _____

15. Intake Procedure: Call for an appointment Telephone Walk-in
Referral Required? By whom? _____

16. Type of Client Identification Required: _____

17. Other Required Documentation: _____

18. Are individuals charged for your services? Yes No
If yes, please indicate the type of fee?
Flat Fee in the amount of: _____ Sliding Scale Insurance Accepted

19. Service Area: (Please indicate all area(s) you serve)
County-wide: _____ City(ies): _____
Zip Code(s): _____
Other (please list): _____

20. Program Description of Services:
(Please provide a detailed description of the service your program provides to individuals meeting your eligibility requirements. Feel free to include program information materials when submitting this form.)

Person completing form: _____ Date: _____

Please Submit by mail, fax or email to: Attention: Linda Tagholm
STANISLAUS COUNTY 2-1-1
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