

AGENCY SURVEY: **FOR-PROFIT FORM**

Agency Legal Name:		
Other names (AKA, acronyms, former, etc.):		
Please indicate your business license number (<i>Please enclose a copy of license</i>):		
<i>Physical address of your business?</i> <i>(Please photocopy and complete a separate form for each additional branch or location)</i>		
Address:		County:
City:	State:	Zip Code:
Is the physical address confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the mailing address different from physical address? If yes, indicate <u>mailing</u> address below.		
Address:		
City:	State:	Zip Code:
Is the mailing address confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Administration Hours: Days: MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/>		
CONTACT INFORMATION		
Agency's Telephone Number:		Text Short Code:
Additional Telephone Number:		Fax Number:
TDD (Telecommunication Device for the Deaf) Number#:		
Organizational Web Address:		E-Mail Address:
Director Name/Title:	Telephone:	Email:
Other Contact Name/Title:	Telephone:	Email:
Directions: Please provide basic directions to your facility. (<i>Indicate name of office complex, subdivision, apartment, etc.</i>)		
Public Transportation: Is your facility accessible by public transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Rail Station:		Bus Number(s):
Accessibility: What accommodations does your facility provide to people with disabilities?		
<input type="checkbox"/> Designated parking <input type="checkbox"/> Indoor wheelchair access <input type="checkbox"/> Outside ramps <input type="checkbox"/> Elevators <input type="checkbox"/> No access		
SERVICES Please list the primary services offered to anyone meeting your eligibility requirements (<i>i.e. food pantry, shelter, transitional home, mentoring, tutoring, community clinic, and counseling</i>).		
Brief Program Description:		
ALL SERVICES LISTED MUST BE ACTIVE AND CURRENTLY RUNNING; NOT A VISION FOR THE FUTURE. <i>Please attach pamphlets or flyers about your organization to aid in a better understanding of services provided. List services that have different hours/days or special intake hours if applicable (i.e. food pantry, thrift store, shelter intake hours).</i>		

Services hours:
Other (specify):

Days: MON TUE WED THU FRI SAT SUN

Eligibility: Who is eligible for your services?

- No restrictions
- Battered women
- Individuals and families with low-income
- Residents of service area only
- Disabled veteran/Veterans
- Seniors/Older adults
- Military Personnel/families
- Women with children
- Children (specific age or gender)
- Youth (specific age or gender)
- Teens (specific age or gender)
- Varies by program; call for details
- Anyone regardless of their immigration status
- Other: (specify age or gender eligibility or specific geographic area):

Intake: What are your service intake procedures?

- Walk-in Telephone By Appointment Only Email Internet/Online Voice mail
- Referral required from(specify):
- Other (specify):

Required Documentation: What documents are required before services are rendered?

- No documents required
- Birth Certificate
- Social Security Card
- Proof of residence
- Application form
- Proof of income
- Eviction Notice
- Utility cut-off notice
- Picture ID/License
- Case worker referral
- Medical/Psychiatric records
- Proof of legal status
- Other document(s) (specify):

Fees: Please choose appropriate fee type:

- No Fee Straight Fee (specify): Sliding Fee Scale (based on client's income) Other:

Payment subsidizes accepted: Medicaid Medicare Peachcare Private Insurance CAPS
 Scholarships Available

Languages: What languages are routinely spoken by your staff?

- English only Spanish French Chinese American Sign Language Other(specify):

Do you distribute literature available in Spanish? Yes No

Service Area: Check the area(s) you serve.

- Butts Cherokee Clayton Cobb Coweta DeKalb Douglas Fayette Fulton
- Gwinnett Henry Paulding Rockdale Entire Metropolitan Area (all before mentioned counties)
- State of Georgia

If you restrict to certain cities or zip codes, please indicate them below:

Cities: _____ Or Zip Code(s): _____

****Please check the one answer that indicates your agency's organizational status****

- Federal
- State
- City
- County
- Private nonprofit
- Proprietary/commercial/for profit
- Other (specify):

This is the for-profit (non-501c3, non-government) agency form. For-profits must pay a fee of \$400 annually to join the 211 database. Please include check or money order with this form.

- **If your organization meets the criteria to be included in our written products or publications, do you wish to be considered for inclusion?** Yes No
- **Do you wish to be included on our UW 2-1-1 website?** Yes No
- **Does your organization discriminate in providing service or volunteer opportunities based on race, ethnicity, sexual orientation or religion?** Yes No
- **Is your business home based or is there a separate facility from which you conduct business?**
 Home Based (located in your home) Separate facility

We meet all the Federal, State and Local laws, requirements and regulations including fire, health and zoning codes. To the best of my knowledge all of the preceding information is true and correct.

Signature/Name: _____

Title: _____

Date: _____

Please mail completed form to:

United Way of Greater Atlanta, United Way 211
Attn: Nhora Plehn (404)614-1018
P.O. Box 2692
Atlanta, GA 30301

Join211@unitedwayatlanta.org

Or fax it to:

Nhora Plehn, CRS
Community Resources Manager
(404) 614-1010 Fax



<http://www.unitedwayatlanta.org/get-help2-1-1>



MEMORANDUM OF UNDERSTANDING

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

I hereby authorize the United Way of Greater Atlanta to utilize my organization's information for inclusion in its Community Resources database and all printed and electronic materials that it publishes and/ or sell to others.

Organization Name: _____ **Non-profit** **For-profit**
 Government

Executive Director (please print): _____

Title (if not Executive Director): _____

Signature: _____

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 or your agency's information we request that you provide us with a primary and 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 e-mail at this time

Primary E-mail: _____ Contact Name: _____

Secondary E-mail: _____ Contact Name: _____

IMPORTANT INFORMATION

The information you provide for the United Way's 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.