



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>):			
Physical address of your business? (<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			
Agency social media:			
<input type="checkbox"/> Google+ <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> LinkedIn <input type="checkbox"/> Pinterest <input type="checkbox"/> Twitter <input type="checkbox"/> Other:			

SERVICES Please list the primary services offered to anyone meeting your eligibility requirements (i.e., food pantry, shelter, transitional home, mentoring, tutoring, community clinic, and counseling).

Brief Program Description:

****ALL SERVICES LISTED MUST BE ACTIVE AND CURRENTLY RUNNING; NOT A VISION FOR THE FUTURE**. 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).**

Services hours:

Days: MON TUE WED THU FRI SAT SUN

Other (specify):

Eligibility: Who is eligible for your services?

- No restrictions
- Anyone regardless of their immigration status
- Battered women
- Children (specific age or gender)
- Disabled veteran/Veterans
- Ex-offender
- Individuals and families with low-income
- Military Personnel/families
- Residents of service area only
- Seniors/Older adults
- Women with children
- Youth (specific age or gender)
- Varies by program, call for details
- 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
- Application form
- Birth Certificate
- Case worker referral
- Eviction Notice
- Medical/Psychiatric records
- Picture ID/License
- Proof of income
- Proof of legal status
- Proof of residence
- Social Security Card
- Utility cut-off notice
- Other document(s) (specify):

Fees: Please choose the proper 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

● How do you help individuals that not speak English? (explain):

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

Proprietary/commercial/for profit

Other (specify):

For-profits: An annual fee will apply for inclusions to the United Way of Greater 211 database. Please contact the 211 Sr. Community and Outreach Manager for details.

- If your organization meets the criteria for our written products or publications, do you wish to be considered for inclusion? Yes No
- Do you wish to be included on our United Way of Greater Atlanta 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 where 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. All of the preceding information is true and correct to the best of my knowledge.


Signature/Name: _____

Title: _____

Date: _____

Please mail completed form to:

United Way of Greater Atlanta - 211
Attn: Nhora Plehn
P.O. Box 2692/ Atlanta, GA 30301


Nhora Plehn, CRS-DC
Sr. Engagement & Outreach Community Manager
phone: (404) 614-1018
fax: (678) 753-2525

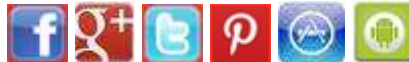
Or

E-mail

join211@unitedwayatlanta.org



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



MEMORANDUM OF UNDERSTANDING

I have read the **MEMORANDUM OF UNDERSTANDING** in its entirety.

I grant permission to United Way of Greater Atlanta 2-1-1 (**2-1-1**) to utilize my organization's information for inclusion in the 2-1-1 Community Resource database (**the database**), to include all printed and electronic materials that it publishes and sells to others.

Organization Name (please print) _____

Select one: **Non-profit** **For profit** **Government**

CEO/Executive Director (please print) _____

Title if different from above: _____

Signature: _____ Date: _____

Please provide the names and numbers of your organization's primary and secondary contacts that can respond to questions or provide additional information about your organization.

To conduct a web-based annual updating process on your agency's information, we request that you provide us with a primary and secondary email address (if available). We will use this information to allow your agency access to review, submit a change, and add information annually as requested or as needed. If your agency does not have an email address, we will mail your annual update.

Primary Contact Name: _____ Phone#: (_____) _____

E-mail Address: _____ no email address

Secondary Contact Name: _____ Phone#: (_____) _____

E-mail Address: _____ no email address

IMPORTANT—PLEASE READ

The information you provide for the database may be sold in print, included in reports, and used as mailing labels. This information will also be available online, electronically, and in print. Some organizations and individuals might use this information to refer others to your organization and programs based on the information you provide.

Do not include any information you do not want to disclose to the public. All information is optional; please use your discretion when providing.

2-1-1 reserves the right to edit any content that you provide.