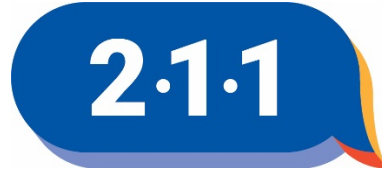


Capital Area United Way 2-1-1 Information Form



New Agency/Program

Update Existing Agency/Program

Agency Name: _____

Program Name: _____

Please provide a brief description of the services your agency/program offers.

Who is eligible for services?

When are services available? _____

Languages offered: _____

Program Fees:

Intake Process:

Documents required for services:

Capacity/Wait Time: _____

Volunteer Opportunity/Requirements/Duties:

Coverage Area: _____

Contact Information

Agency Address: _____

Mailing Address (if different): _____

Other locations:

Hours of Operation: _____

Disability Access: Yes No

Bus Services: Yes No

Access to Other Public Transportation: Yes No

Main Phone Number: _____

Alternate Phone Number: _____

Fax Number: _____

Toll Free Number: _____

Main email: _____

Website: _____

Agency Main Contact Person:

Private: Yes No

Title: _____

Phone Number: _____

Email address: _____

Agency Director or Senior Administrator

Private: Yes No

Title: _____

Phone Number: _____

Email address: _____

Licenses and Accreditations: _____

Tax/Legal Status:

Non-Profit (501c3)

State Entity

City/Parish Government

Faith-Based Non-Profit

Other: _____

Year agency opened: _____

How do you prefer to be contacted for updated?

Call

Email

Signature / person completing form: _____

Date: _____

Please e-mail, fax, or mail completed form to:

Cauw211@cauw.org

Capital Area United Way | 700 Laurel Street | Baton Rouge, LA 70802

P: 225.383-2643 | F: 225.382.3523

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