



Resource Directory Form

Or use our online form at www.211now.org.

Agency Name: _____

Service Name: _____

(Please complete separate forms for each service your agency provides.)

AKAs: _____

(AKAs including former name(s), popular names and popular acronyms.)

Street Address: _____

(City)

(State)

(ZIP)

Mailing Address: _____

(If different from above.)

(City)

(State)

(ZIP)

Program Coordinator/Contact: _____

(Name)

(Title/Position)

Additional Contact _____

(Name)

(Title/Position)

Phone: _____

Second Phone: _____

Text Telephone (TTY): _____

Crisis Line: _____

Fax: _____

Crisis Line Hours of Operation: _____

E-mail: _____

Homepage Web Address: _____

(URL)

HOURS: Mon. - Fri. _____

Varies, please call.

Sat. _____

Other: _____

Sun. _____

AGENCY/SERVICE DESCRIPTION: (Please attach a brochure if you have one.)

ELIGIBILITY: No restrictions Age: _____ Income \$ _____

Call for information

Other: _____

FEES: No fee Fee \$ _____

METHOD OF PAYMENT: Sliding scale Medicare Medicaid Private Insurance Donation only

Call for information

INTAKE PROCEDURES: Walk-in Appointment needed Call for information

Referral from: _____ Other: _____

IS THERE A WAITING LIST FOR SERVICE? IF SO, HOW LONG? _____

LANGUAGE(S) SERVICES OFFERED IN: Hmong Spanish Other: _____

INTERPRETERS AVAILABLE IN ADVANCE? Yes No

AREA SERVED: (Check all counties that apply.)

- Calumet Fond du Lac Green Lake Manitowoc Marquette Outagamie Sheboygan Waupaca
 Waushara Winnebago
 Other County/Counties: _____
 Limited service area: (e.g. City of Appleton only) _____

FUNDING SOURCES _____

LEGAL STATUS OF ORGANIZATION: Non-Profit Profit Government Educational

DISABLED ACCESS: None Parking Main entrance Restroom(s) Elevator(s)
 Wheelchair lift Other: _____

VOLUNTEERS: Not Accepted Accepted/Typical duties: _____

DOES YOUR AGENCY/SERVICE PROVIDE SPEAKERS? Yes No

FORM COMPLETED BY: Name: _____ Title: _____
(Please Print)
Phone: _____ Date: _____
(Date form completed or updated.)

***Want to submit more services? Enter your service(s) online using 2-1-1 online at www.211now.org.
Otherwise photocopy this form or contact us and we will send you new forms.***

PLEASE RETURN THIS FORM TO:

United Way 2-1-1
1455 Midway Road
Menasha, WI 54952
Or Fax form to:
920/954-7209

Completion of this form grants release of this information for publication on the Internet and in specialized reports.

Thank you for your cooperation. If you have any questions, please contact Susan Richards at 2-1-1 or 800-924-5514, or by email at susan.richards@unitedwayfoxcities.org. If you would like to search our online resource directory, our website is: www.211now.org

IF YOUR ORGANIZATION PRINTS A NEWSLETTER, PLEASE PUT UNITED WAY 2-1-1 ON YOUR MAILING LIST.

Thank You!

United Way 2-1-1 reserves the rights to edit the information in order for it to meet the format guidelines and space requirements of the online resource directory.

United Way 2-1-1 makes the information in our online resource directory available to the public via Website (www.211now.org) and by offering resource brochures. To be exempt from these publications please check here.

To ensure the public is provided with current and accurate information, your organization is encouraged to call United Way 2-1-1 with any changes throughout the year. A formal update is conducted on your listing every year. At that time you will receive an email request with your user ID and Password to review and edit your listing. If information is not updated within one year, your record will be deleted from the online resource directory.

If you have any questions about completing this form or the services of United Way 2-1-1, please call 2-1-1 or 800-924-5514 to talk with a 2-1-1 specialist regarding your questions.