



# Resource Directory Form

Or use our online form at [www.211now.org](http://www.211now.org).

Agency Name (\*required): \_\_\_\_\_

Service Name (\*required): \_\_\_\_\_  
(Please complete separate forms for each service your agency provides.)

AKAs (\*required): \_\_\_\_\_  
(AKAs including former name(s), popular names and popular acronyms.)

Street Address (\*required): \_\_\_\_\_  
(City) (State) (ZIP)

Mailing Address: \_\_\_\_\_  
(If different from above.) (City) (State) (ZIP)

Program Coordinator/Contact: \_\_\_\_\_  
(Name) (Title/Position)

Additional Contact \_\_\_\_\_  
(Name) (Title/Position)

Phone (\*required): \_\_\_\_\_

Second Phone: \_\_\_\_\_

Text Telephone (TTY): \_\_\_\_\_

Crisis Line: \_\_\_\_\_

Fax: \_\_\_\_\_

Crisis Line Hours of Operation: \_\_\_\_\_

E-mail (\*required): \_\_\_\_\_

Homepage Web Address: \_\_\_\_\_  
(URL)

HOURS:  Mon. - Fri. \_\_\_\_\_  
(\*required)  Sat. \_\_\_\_\_  
 Sun. \_\_\_\_\_

Varies, please call.  
 Other: \_\_\_\_\_

## AGENCY/SERVICE DESCRIPTION (\*required):

ELIGIBILITY (\*required):  No restrictions  Age: \_\_\_\_\_  Income \$ \_\_\_\_\_  
 Other: \_\_\_\_\_

FEES (\*required):  No fee  Fee \$ \_\_\_\_\_

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

INTAKE PROCEDURES (\*required):  Walk-in  Appointment needed  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 (\*required):** (Check all counties that apply.)

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

**FUNDING SOURCES** \_\_\_\_\_

**LEGAL STATUS OF ORGANIZATION (\*required):**    Non-Profit   FEIN# (\*recommended): \_\_\_\_\_  
 Profit    Government    Educational    Coalition/Other Group

**NUMBER OF YEARS IN OPERATION (\*required):** \_\_\_\_\_

**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](http://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 Lisa Smith at 2-1-1 or 800-924-5514, or by email at [lisa.smith@unitedwayfoxcities.org](mailto:lisa.smith@unitedwayfoxcities.org). If you would like to search our online resource directory, our website is: [www.211now.org](http://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](http://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.