Resource Directory Form

Or use our online form at 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: ____________________________________________

E-mail (*required): __________________________________________________

Homepage Web Address: ____________________________ (URL)

HOURS: Mon. - Fri. ____________ Varies, please call.

(*required) Sat. ____________ Other: ____________________________

Sun. ____________

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

FORM CONTINUES
AREA SERVED (*required): (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 (*required):
- Non-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. 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. 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.

FORM ENDS