

2-1-1 Community Resource Database Inclusion Application

Please Submit to:

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ORGANIZATION INFORMATION

Main Office (Primary Location) Information				
AGENCY LEGAL NAME:				
AGENCY COMMON NAME (ABBREVIATION, AKA, DBA):				
PARENT ORGANIZATION (IF ANY):				
AFFILIATIONS:				
AGENCY VISION/ MISSION STATEMENT OR MOTTO:				
PHYSICAL ADDRESS:				
MAILING ADDRESS (IF DIFFERENT):				
PHONE NUMBER:			FAX NUMBER:	
OTHER NUMBERS:				
WEBSITE:			EMAIL:	
AGENCY DIRECTOR (INCLUDE TITLE):				
DIRECTOR PHONE NUMBER:			EMAIL:	
AGENCY CONTACT* (INCLUDE TITLE):				
CONTACT PHONE NUMBER:			EMAIL:	
*Contact person is individual who may be reached by 2-1-1 for additional information and updates				
AGENCY/ FACILITY TYPE:				
AGENCY TAX STATUS (CHECK ONE):				
NON-PROFIT <input type="checkbox"/> FOR-PROFIT <input type="checkbox"/> GOVERNMENT <input type="checkbox"/>				
OTHER, PLEASE EXPLAIN:				
FEDERAL TAX ID NUMBER:			MONTH AND YEAR ESTABLISHED/ INCORPORATED:	
ADMINISTRATIVE HOURS (DAYS AND TIMES):				
LANGUAGES SPOKEN AT SITE:				
ACCESSIBILITY AT THIS LOCATION (CHECK ALL THAT APPLY):				
WHEELCHAIR ACCESIBLE <input type="checkbox"/> FLASHING LIGHT FOR HEARING IMPAIRED <input type="checkbox"/> PUBLIC PARKING <input type="checkbox"/>				
COUNTIES SERVED (CHECK ALL THAT APPLY):				
ALACHUA <input type="checkbox"/>	BRADFORD <input type="checkbox"/>	CITRUS <input type="checkbox"/>	COLLIER <input type="checkbox"/>	DIXIE <input type="checkbox"/>
GILCHRIST <input type="checkbox"/>	HARDEE <input type="checkbox"/>	HIGHLANDS <input type="checkbox"/>	LAFAYETTE <input type="checkbox"/>	LAKE <input type="checkbox"/>
LEVY <input type="checkbox"/>	MARION <input type="checkbox"/>	ORANGE <input type="checkbox"/>	OSCEOLA <input type="checkbox"/>	PASCO <input type="checkbox"/>
POLK <input type="checkbox"/>	SEMINOLE <input type="checkbox"/>	SUMTER <input type="checkbox"/>	UNION <input type="checkbox"/>	
OTHER COUNTIES OR IF SERVICE AREA IS RESTRICTED TO ZIPCODES OR CITIES PLEASE LIST HERE:				

APPLICATION COMPLETED BY (YOUR NAME & TITLE):	DATE:
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Direct Services/ Programs Provided at Main Office

NAME OF SERVICE/ PROGRAM A:

BRIEF DESCRIPTION OF SERVICE/ PROGRAM:

LICENSES:

TARGET POPULATION IF ANY (E.G. YOUTH, PEOPLE WITH DEMENTIA, ETC):

WHO IS ELIGIBLE?

- OPEN TO ALL
- FEMALES ONLY
- MALES ONLY
- OTHER:

MINIMUM AGE:

MAXIMUM AGE:

HOW DOES SOMEONE ACCESS THIS SERVICE?

- PHONE
- WEBSITE
- WALK IN
- OTHER:

DOCUMENTATION REQUIRED:

- PHOTO ID
- SOCIAL SECURITY CARD
- OTHER:

HOW DOES SOMEONE PAY FOR THIS SERVICE/ PROGRAM?

- FREE SERVICE
- SLIDING SCALE \$ to \$
- PRIVATE PAY/ FEE FOR SERVICE \$ to \$
- MEDICAID ACCEPTED
- MEDICARE ACCEPTED
- OTHER:

Direct Services/ Programs Provided at Main Office

NAME OF SERVICE/ PROGRAM B:

BRIEF DESCRIPTION OF SERVICE/ PROGRAM:

LICENSES:

TARGET POPULATION IF ANY (E.G. YOUTH, PEOPLE WITH DEMENTIA, ETC):

WHO IS ELIGIBLE?

- OPEN TO ALL
- FEMALES ONLY
- MALES ONLY
- OTHER:

MINIMUM AGE:

MAXIMUM AGE:

HOW DOES SOMEONE ACCESS THIS SERVICE?

- PHONE
- WEBSITE
- WALK IN
- OTHER:

DOCUMENTATION REQUIRED:

- PHOTO ID
- SOCIAL SECURITY CARD
- OTHER:

HOW DOES SOMEONE PAY FOR THIS SERVICE/ PROGRAM?

- FREE SERVICE
- SLIDING SCALE \$ to \$
- PRIVATE PAY/ FEE FOR SERVICE \$ to \$
- MEDICAID ACCEPTED
- MEDICARE ACCEPTED
- OTHER:

ADDITIONAL SITES AND/OR SERVICES

Location B is used for an additional physical location of your agency.				
LOCATION B NAME:				
ADDRESS:				
CITY:	STATE:	ZIP:	COUNTY:	
MAILING ADDRESS (IF DIFFERENT):				
PHONE NUMBER:			FAX NUMBER:	
OTHER NUMBERS:				
ADMINISTRATIVE HOURS (DAYS AND TIMES):				
LANGUAGES SPOKEN AT SITE:				
ACCESSIBILITY AT THIS LOCATION (CHECK ALL THAT APPLY):				
WHEELCHAIR ACCESSIBLE <input type="checkbox"/>		FLASHING LIGHT FOR HEARING IMPAIRED <input type="checkbox"/>		PUBLIC PARKING <input type="checkbox"/>
SITE MANAGER (INCLUDE TITLE):				
MANAGER PHONE NUMBER:			EMAIL:	
SITE CONTACT (INCLUDE TITLE):				
CONTACT PHONE NUMBER:			EMAIL:	
COUNTIES SERVED (CHECK ALL THAT APPLY):				
ALACHUA <input type="checkbox"/>	BRADFORD <input type="checkbox"/>	CITRUS <input type="checkbox"/>	COLLIER <input type="checkbox"/>	DIXIE <input type="checkbox"/>
GILCHRIST <input type="checkbox"/>	HARDEE <input type="checkbox"/>	HIGHLANDS <input type="checkbox"/>	LAFAYETTE <input type="checkbox"/>	LAKE <input type="checkbox"/>
LEVY <input type="checkbox"/>	MARION <input type="checkbox"/>	ORANGE <input type="checkbox"/>	OSCEOLA <input type="checkbox"/>	PASCO <input type="checkbox"/>
POLK <input type="checkbox"/>	SEMINOLE <input type="checkbox"/>	SUMTER <input type="checkbox"/>	UNION <input type="checkbox"/>	
OTHER COUNTIES OR IF SERVICE AREA IS RESTRICTED TO ZIPCODES OR CITIES PLEASE LIST HERE:				

Direct Services/ Programs Provided at Location B	
NAME OF SERVICE/ PROGRAM:	
BRIEF DESCRIPTION OF SERVICE/ PROGRAM:	
LICENSES:	
TARGET POPULATION IF ANY (E.G. YOUTH, PEOPLE WITH DEMENTIA, ETC):	
WHO IS ELIGIBLE?	
OPEN TO ALL	<input type="checkbox"/>
FEMALES ONLY	<input type="checkbox"/>
MALES ONLY	<input type="checkbox"/>
OTHER:	
MINIMUM AGE:	MAXIMUM AGE:
HOW DOES SOMEONE ACCESS THIS SERVICE?	
PHONE <input type="checkbox"/> WEBSITE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER:	
DOCUMENTATION REQUIRED:	
PHOTO ID <input type="checkbox"/>	
SOCIAL SECURITY CARD <input type="checkbox"/>	
OTHER:	
HOW DOES SOMEONE PAY FOR THIS SERVICE/ PROGRAM?	
FREE SERVICE	<input type="checkbox"/>
SLIDING SCALE	\$ to \$
PRIVATE PAY/ FEE FOR SERVICE	\$ to \$
MEDICAID ACCEPTED	<input type="checkbox"/>
MEDICARE ACCEPTED	<input type="checkbox"/>
OTHER:	

ADDITIONAL SITES AND/OR SERVICES

Location C is used for an additional physical location of your agency.

**If you have additional locations beyond this one, please make a copy of this page and insert at the end of application before continuing*

LOCATION C NAME:				
ADDRESS:				
CITY:	STATE:	ZIP:	COUNTY:	
MAILING ADDRESS (IF DIFFERENT):				
PHONE NUMBER:			FAX NUMBER:	
OTHER NUMBERS:				
ADMINISTRATIVE HOURS (DAYS AND TIMES):				
LANGUAGES SPOKEN AT SITE:				
ACCESSIBILITY AT THIS LOCATION (CHECK ALL THAT APPLY):				
WHEELCHAIR ACESIBLE <input type="checkbox"/>		FLASHING LIGHT FOR HEARING IMPAIRED <input type="checkbox"/>		PUBLIC PARKING <input type="checkbox"/>
SITE MANAGER (INCLUDE TITLE):				
MANAGER PHONE NUMBER:			EMAIL:	
SITE CONTACT (INCLUDE TITLE):				
CONTACT PHONE NUMBER:			EMAIL:	
COUNTIES SERVED (CHECK ALL THAT APPLY):				
ALACHUA <input type="checkbox"/>	BRADFORD <input type="checkbox"/>	CITRUS <input type="checkbox"/>	COLLIER <input type="checkbox"/>	DIXIE <input type="checkbox"/>
GILCHRIST <input type="checkbox"/>	HARDEE <input type="checkbox"/>	HIGHLANDS <input type="checkbox"/>	LAFAYETTE <input type="checkbox"/>	LAKE <input type="checkbox"/>
LEVY <input type="checkbox"/>	MARION <input type="checkbox"/>	ORANGE <input type="checkbox"/>	OSCEOLA <input type="checkbox"/>	PASCO <input type="checkbox"/>
POLK <input type="checkbox"/>	SEMINOLE <input type="checkbox"/>	SUMTER <input type="checkbox"/>	UNION <input type="checkbox"/>	
OTHER COUNTIES OR IF SERVICE AREA IS RESTRICTED TO ZIPCODES OR CITIES PLEASE LIST HERE:				

Direct Services/ Programs Provided at Location C	
NAME OF SERVICE/ PROGRAM:	
BRIEF DESCRIPTION OF SERVICE/ PROGRAM:	
LICENSES:	
TARGET POPULATION IF ANY (E.G. YOUTH, PEOPLE WITH DEMENTIA, ETC):	
WHO IS ELIGIBLE?	
OPEN TO ALL	<input type="checkbox"/>
FEMALES ONLY	<input type="checkbox"/>
MALES ONLY	<input type="checkbox"/>
OTHER:	
MINIMUM AGE:	MAXIMUM AGE:
HOW DOES SOMEONE ACCESS THIS SERVICE?	
PHONE <input type="checkbox"/>	WEBSITE <input type="checkbox"/>
WALK IN <input type="checkbox"/>	OTHER: <input type="checkbox"/>
DOCUMENTATION REQUIRED:	
PHOTO ID <input type="checkbox"/>	
SOCIAL SECURITY CARD <input type="checkbox"/>	
OTHER:	
HOW DOES SOMEONE PAY FOR THIS SERVICE/ PROGRAM?	
FREE SERVICE	<input type="checkbox"/>
SLIDING SCALE	\$ to \$
PRIVATE PAY/ FEE FOR SERVICE	\$ to \$
MEDICAID ACCEPTED	<input type="checkbox"/>
MEDICARE ACCEPTED	<input type="checkbox"/>
OTHER:	