211 Agency Form

Hello,

This form is designed to help us here at 211 know more about your organization and the services it provides. Our database is structured in 3 tiers: Agency, which is the main governing body, Service, which represents the specific type of assistance, and Site, which represents the location(s) at which that assistance is provided.

The information you provide to us via this form will be used to build out the structure for your organization. Once your information is established in our database, we will send that information over to our public resource search site, [www.211colorado.org](http://www.211colorado.org). Please keep in mind it may take a few days for your organization’s information to reflect on the public search site.

If you have any difficulty filling out this form, please email us at wc211@wc211.org or call us by simply dialing 2-1-1.

# Agency Information

Please give us some general information regarding your agency.

**Agency Name**: Click or tap here to enter text.

**Aliases or AKAs**: Click or tap here to enter text.

**Agency Description (keep description brief. You can go into more detail on services offered later in the form):** Click or tap here to enter text.

**Agency Type:** Choose an item.

**Main Phone Number**: Click or tap here to enter text.

**Administrative Hours**: Click or tap here to enter text.

**Days**: Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday [ ]  Saturday [ ]  Sunday[ ]

**Website**: Click or tap here to enter text.

**Primary Email**: Click or tap here to enter text.

**Director’s Name and Title**: Click or tap here to enter text.

# Service Information

Here you can go into detail about what kind of services your organization offers. Keep in mind that if your organization offers multiple services targeted at different populations (some services may have age restrictions) or have differing eligibility requirements (some services may be for individuals under certain income guidelines), please specify those details in the Eligibility field in this section.

**Name or Type of Service(s) provided**: Click or tap here to enter text.

**Description of Services**: Click or tap here to enter text.

**Contact Phone Number**: Click or tap here to enter text.

**Other Phone Number**: Click or tap here to enter text.

**Contact Name (if applicable)**: Click or tap here to enter text.

**Contact Email (if applicable)**: Click or tap here to enter text.

**Intake Procedure (what are the steps a person goes through to access services)**: Click or tap here to enter text.

**Required Documents/Paperwork (photo ID, proof of income or insurance, etc.)**: Click or tap here to enter text.

**Fees**: Choose an item.

**If yes, what kinds of fees**: Click or tap here to enter text.

**Payments/Insurances Accepted (can also include sliding scale, scholarships, etc.)**: Click or tap here to enter text.

**Eligibility Requirements**: Click or tap here to enter text.

**Population Served (Choose most appropriate. If more than one applies, they can be added later)**: Choose an item.

**Languages Available (other than English)**: Click or tap here to enter text.

**Service Hours**: Click or tap here to enter text.

**Days**: Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday [ ]  Saturday [ ]  Sunday[ ]

**Counties Served**: Click or tap here to enter text.

Our database utilizes keywords such as “food” or “rental assistance” to help locate specific services in our database. Tell us what keywords you think should be associated with the services your organization provides: Click or tap here to enter text.

# Site Information

Here you can list information about different offices or site locations that provide services. Some locations may offer different services than others so be sure to specify what services from the previous section are provided at which sites.

Location 1

**Site Description (office building, pop-up store/clinic, behind building, mailing only, etc.)**: Click or tap here to enter text.

**Site Days and Hours:** Click or tap here to enter text.

**Address**: Click or tap here to enter text.

**City**: Click or tap here to enter text.

**State**: Click or tap here to enter text.

**Zip Code**: Click or tap here to enter text.

**Site Phone Number**: Click or tap here to enter text.

**ADA/Wheelchair Access**: Choose an item.

**Services associated with site (if all are provided, use “all services”)**:Click or tap here to enter text.

**Is this location confidential?**: Choose an item.

Location 2

**Site Description (office building, pop-up store/clinic, behind building, mailing only, etc.)**: Click or tap here to enter text.

**Site Days and Hours:** Click or tap here to enter text.

**Address**: Click or tap here to enter text.

**City**: Click or tap here to enter text.

**State**: Click or tap here to enter text.

**Zip Code**: Click or tap here to enter text.

**Site Phone Number**: Click or tap here to enter text.

**ADA/Wheelchair Access**: Choose an item.

**Services associated with site (if all are provided, use “all services”)**:Click or tap here to enter text.

**Is this location confidential?**: Choose an item.

\*\*\*If there are additional site locations, please fill out a separate Agency Form with just the Site information filled out or you can email us the information on additional locations directly at wc211@wc211.org.

# Signature

By entering the information above, I verify that the information provided on this form is true and accurate to the best of my knowledge. I understand that in order to keep the 211 database accurate and up-to-date, I am required to inform 211 of any changes to the agency’s operations or services.

I understand that 211 conducts annual updates to collect current information regarding community organizations and that in order to remain within the database, I or someone else from my organization must provide updated information upon request. Failure to respond via phone or email may result in the deactivation of my agency or services within the 211 database.

**Full Name**: Click or tap here to enter text.

**Title**: Click or tap here to enter text.

**Contact Phone**: Click or tap here to enter text.

**Contact Email**: Click or tap here to enter text.

**Date**: Click or tap here to enter text.

Once complete, please save and email to wc211@wc211.org

or print out and mail to us at 1129 Colorado Ave, Grand Junction, CO 81501.

Thank you for choosing to be a part of our mission here at 211.