United Way 2-1-1 [We hear you.]

United Way of Metropolitan Atlanta

Agency Survey: MAIN FORM (Non-profit)

How did you learn about United Way 211?		
Agency Legal Name:		
Other names (AKA, acronyms, former, etc.):		
Organization has been in operation since:		
Physical address of the organization: *(Please photocopy and complete a separate form for each additional branch or location)* Address: County:		
City:	State:	Zip Code:
Is the physical address confidential? ☐Yes ☐No		
Is the mailing address different from physical address? *If yes, indicate mailing address below.*		
Address:		
City:	State:	Zip Code:
Is the mailing address confidential? ☐Yes ☐No		
Administration Hours: **Days:** Mon☐ Tue☐ Wed☐ Thu☐ Fri☐ Sat☐ Sun☐		
CONTACT INFORMATION Agency's Telephone Number: Fax Number:		
TDD (Telecommunication Device for the Deaf) Number:	***#:***	
Organizational Web Address:	E-Mail Address:	
Director Name/Title:	Telephone:	Email:
Other Contact Name/Title:	Telephone:	Email:
Directions: Please provide basic directions to your facility. (*Indicate name of office complex, subdivision, apartment, etc.)*		
Public Transportation: Is your facility accessible by public transportation? ☐Yes ☐ No Rail Station: Bus Number(s):		
Accessibility: What accommodations does your facility provide to people with disabilities? ☐Designated parking ☐Indoor wheelchair access ☐Outside ramps ☐Elevators ☐No access		
SERVICES **Please list the primary services offered to anyone meeting your eligibility requirements** *(i.e. food pantry, shelter, transitional home, mentoring, tutoring, community clinic, and counseling).* ***Brief Program Description:*** ****ALL SERVICES LISTED MUST BE ACTIVE AND CURRENTLY RUNNING; NOT A VISION FOR THE FUTURE**.** ***Please attach pamphlets or flyers about your organization to aid in a better understanding of services provided***		

List services that have different hours/days or special intake hours if applicable (i.e. food pantry, thrift store, shelter intake hrs).

Services hours: **Days:** Mon☐ Tue ☐ Wed☐ Thu☐ Fri☐ Sat☐ Sun☐

Other (specify):

Eligibility: Who is eligible for your services?

☐No restrictions
☐Battered women
☐Individuals and families with low-income
☐Residents of service area only
☐Disabled veteran/Veterans
☐Seniors/Older adults
☐Military Personnel/families
☐Women with children
☐Children (specific age or gender)
☐Youth (specific age or gender)
☐Teens (specific age or gender)
☐Varies by program; call for details
☐Anyone regardless of their immigration status
☐Other: (specify age or gender eligibility or specific geographic area):

Intake: What are your service intake procedures?

☐Walk-in ☐Telephone ☐By Appointment Only ☐Email ☐Internet/Online ☐Voice mail

☐Referral required from(specify):

☐Other (specify):

Required Documentation: What documents are required before services are rendered?

☐No documents required
☐Birth Certificate
☐Social Security Card
☐Proof of residence
☐Application form
☐Proof of income
☐Eviction Notice
☐Utility cut-off notice
☐Picture ID/License
☐Case worker referral
☐Medical/Psychiatric records
☐Proof of legal status
☐Other document(s) (specify):

Fees: Please choose appropriate fee type:

☐No Fee ☐Straight Fee (specify): ☐Sliding Fee Scale (based on client's income) ☐Other:

Payment subsidizes accepted: ☐Medicaid ☐Medicare ☐Peachcare ☐Private Insurance ☐CAPS
☐Scholarships Available

Languages: What languages are routinely spoken by your staff? ☐English only

☐Spanish ☐French ☐Chinese ☐American Sign Language ☐Other(specify):

Do you distribute literature available in Spanish? ☐Yes ☐ No

Service Area: Check the area(s) you serve.

☐Butts ☐Cherokee ☐Clayton ☐Cobb ☐Coweta ☐DeKalb ☐Douglas ☐Fayette ☐Fulton
☐Gwinnett ☐Henry ☐Paulding ☐Rockdale ☐Entire Metropolitan Area (all before mentioned counties)
☐State of Georgia

If you restrict to certain cities or zip codes, please indicate them below:

Cities: **Or Zip Code(s):**

****Please check the one answer that indicates your agency's organizational status****

☐Federal
☐State
☐City
☐County
☐Private nonprofit
☐Proprietary/commercial/for profit
☐Other (specify):

*****If non-profit, copy of 501c3 must be attached with this form; if you do not have a 501c3, you are automatically seen as for profit – see below for for-profit info*****

☐**For-Profit** **this is not the for-profit application form; note that for-profits must pay **$350** per year to join the 211 database**

*****If for-profit, complete for profit application & include fee; federal, state, city, county or any government affiliates do not need to show any documentation*****

- If your organization meets the criteria to be included in our written products or publications, do you wish to be considered for inclusion? ☐Yes ☐No
- Do you wish to be included on our UW211 website? ☐Yes ☐No
- Does your organization discriminate in providing service or volunteer opportunities based on race, ethnicity, sexual orientation or religion? ☐Yes ☐No
- Is your business home based or is there a separate facility from which you conduct business?

  ☐Home Based (located in your home) ☐Separate facility

We meet all the Federal, State and Local laws, requirements and regulations including fire, health and zoning codes. To the best of my knowledge all of the preceding information is true and correct.

Signature/Name: _____ **Title:** _____ **Date:**_____

Please mail completed form to:
United Way of Metropolitan Atlanta, United Way 211
Attn: Nhora Plehn
P.O. Box 2692
Atlanta, GA 30301-4601

Or fax it to:
Nhora Plehn, CRS
Community Resources Manager
(404) 614-1010 Fax
(404) 614-1018 Phone
Join211@unitedwayatlanta.org

http://www.unitedwayatlanta.org/211FindHelp
GIVE. | ADVOCATE. | VOLUNTEER. | **LIVE UNITED**™

United Way of Metropolitan Atlanta
Community Resource Database

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United Way of Metropolitan Atlanta

MEMORANDUM OF UNDERSTANDING

I have read the **IMPORTANT INFORMATION** at the bottom of this form.

I hereby authorize the United Way of Metropolitan Atlanta to utilize my organization's information for inclusion in its Community Resources database and all printed and electronic materials that it publishes and/ or sell to others.

Organization Name:_____ ☐ **Non-profit** ☐ **For-profit** ☐ **Government**

Executive Director (please print):_____

Title (if not Executive Director):_____

Signature:_____

Please provide us with the name and number of a contact person we can call if we have questions or need additional information.

Contact Name:_____ Phone#:_____

In order for us to conduct a web-based annual updating process or your agency's information we request that you provide us with a primary and secondary (if available) email address that will be used to allow your agency access to review, submit change and /or add information annually as requested, as well as when you become aware of changes to your information. If at this time your agency does not have an email address, your annual update will be mailed to you.

☐ No e-mail at this time

Primary E-mail:_____ Contact Name:_____

Secondary E-mail:_____ Contact Name:_____

IMPORTANT INFORMATION

The information you provide for the United Way's Community Resources database may be sold in a printed directory format, directory on CD format, special reports and/or as mailing labels. The information in the database may also be made available on the Internet and in other printed or electronic formats. Many organizations an individuals use this information to refer others to your organization and program based on your information.

Please do not include any organization or program information that you do not want released to the public. All information we request is optional and should be provided at your discretion.

We reserve the right to edit your information.