



2-1-1 Texas Community Resource Database

www.211centraltexas.org

2-1-1 Texas maintains a resource database containing information about health and human service agencies and other community organizations in each county. Our database also contains information about organizations that do not provide direct services to the general public, but that serve as a resource for nonprofits and/or social service professionals.

INSTRUCTIONS FOR ORGANIZATION & PROGRAM FORMS

Please fill out the attached forms completely. Sending a brochure in addition to the form is appreciated, but does not substitute for filling out the forms. We rely on the information you provide us to make **accurate referrals** to your organization. Please do not include information that is **confidential** or information that it is best for you to provide to individuals after they have contacted your organization.

- ***Organization Information Form (Form A)***

Use this form to provide us with information about the agency or organization's main administrative office/headquarters.

- ***Program/Services Information Form (Form B)***

Use this form to describe the service(s) your organization offers. If the services provided can be described in a few sentences, and if they have identical or very similar eligibility requirements, services areas, and intake procedures, one Form B will be adequate. However, if services provided have their own eligibility criteria, etc., or if the organization has several departments (like a city government office), please use a separate Form B for each service offered.

- ***Memorandum of Understanding***

Please sign the MOU to grant 2-1-1 Texas permission to provide callers with information about your organization's services.

CONTACT INFORMATION

For questions, to receive these forms via email, or to send in your forms, please contact:

Amy Price
(512) 225-0377

Sara Tierney
(512) 225-0358

211database@unitedwaycapitalarea.org

2-1-1 Texas, 2000 E. MLK, Jr. Blvd., Austin, TX 78702

(512) 836-1036 fax

Thank you for taking the time to fill out these forms. 2-1-1 Texas reserves the right to edit your information and to include or exclude any organization at its discretion. Inclusion of an entity does not constitute endorsement, and exclusion does not indicate disapproval.

2-1-1 Texas is a public/private collaboration of United Way Capital Area and the Texas Health and Human Services Commission

Form A - ORGANIZATION INFORMATION FORM

Please use this form to describe your agency or organization's main administrative office.

1. **Organization name** _____ **Date** _____

2. **Other names** (such as AKA, acronyms, former names, etc.) _____

3. **Organization type** Non-profit 501(c)(3) Other Non-Profit City Government County Government
 State Government Federal Government Educational (Public) Educational (Private) For-profit

4. **Person in charge of organization** Name _____ Title _____

Phone # _____ Email _____

5. **Person filling out forms** Name _____ Phone # _____ Email _____

6. **Physical address of agency** (The "headquarters" address, where the administration is located)

Check here if physical location is confidential.

Street _____ Suite # _____

City _____ State _____ Zip _____

Travel instructions/location description (such as "corner of Congress Ave. and 6th St." or "2 blocks east of I-35")

What accommodations are provided for people with disabilities?

Designated parking Indoor wheelchair access Outside ramps Elevators None

Is this location on a bus line? Yes No **If yes, which bus line(s)?** _____

7. **Mailing address** (if different from physical address listed above)

Street/PO Box _____ City _____ State _____ Zip _____

8. **Phone numbers for agency** (that we may share with the public) Main/Intake _____

Toll-free _____ Fax _____ TDD _____ Other _____

9. **Internet access** E-mail _____

Web Site http://_____

10. **Business days/hours** (Please fill in hours for individual programs on Form B)

11. **Brief overall description of organization's services** (We do not need your agency's mission statement. Please use Form B to provide a full, detailed description of services offered.)

Form B – PROGRAM/SERVICES INFORMATION FORM

Please use this form to describe your organization's services and programs.

Multiple programs: If your organization offers multiple services or programs, with different eligibility requirements, target groups, service areas, etc., please fill out one Form B for *each* service or program offered.

Multiple locations: If services are identical, but are offered at multiple locations, you may simply provide the contact information for *each branch* either on this form or on a separate sheet of paper.

1. **Parent Organization name** _____ **Date** _____

2. **Program name** (if applicable) _____

3. **Person in charge of program** (Program Director, Program Coordinator, etc.) Name _____
Title _____ Phone # _____ Email _____

4. **Person filling out forms** Name _____ Phone # _____ Email _____

Please complete questions 5 and 6 below if the program address is different from the organization's physical and mailing address listed on Form A.

5. **Physical address of program** _____ Check here if physical location is confidential
Street _____ City _____ State _____ Zip _____

Travel instructions/location description (such as "corner of Congress Ave. and 6th St." or "2 blocks east of I-35")

What accommodations does this location provide to people with disabilities?

___ Designated parking ___ Indoor wheelchair access ___ Outside ramps ___ Elevators ___ None

Is this location on a bus line? ___ Yes ___ No **If yes, which bus line(s)?** _____

6. **Mailing address** (if different from physical address listed above)
Street/PO Box _____
City _____ State _____ Zip _____

7. **Phone numbers for program** (that we may share with the public) Main/Intake _____
Toll-free _____ Fax _____ TDD _____ Other _____

8. **Internet access** E-mail _____
Website http:// _____

9. **Hours/Days of operation** (Please indicate if service hours differ from office hours) _____

10. **Eligibility** (Criteria required to obtain services, such as "Adults, ages 65 and older, with disabilities") _____

Are the following groups of people eligible for services, if they fit the eligibility criteria above? Please note any exclusions.

Undocumented individuals ___ Yes ___ No _____

Individuals formerly incarcerated? ___ Yes ___ No Parolees? ___ Yes ___ No Probationers? ___ Yes ___ No

11. **Fees** ___ None ___ Flat fee; please specify dollar amount _____
___ Sliding scale for income eligible; please specify fee range _____

12. **Payment Accepted** (if applicable) Accepts: ___ Medicare ___ Medicaid ___ CHIP ___ Private insurance ___ Self-pay
Other _____

13. **Intake** ___ Appointment required ___ Walk-ins accepted (without prior phone call) ___ Call for information
___ Referral required; by whom? _____
Other _____

14. **Documents required** (such as birth certificate, proof of residence, photo I.D., Social Security card) _____

15. **Languages spoken by staff** (other than English) ___ ASL ___ Spanish Other: _____
Please list days/times bilingual staff are available _____

16. **Does this program maintain a waiting list?** _____

17. **What is the average length of time between application process and receipt of services?** _____

18. **Program Transportation** ___ Program provides transportation ___ Program will arrange for transportation
___ Program conducts home deliveries Other _____

19. **Geographic area served** ___ Nationwide ___ Texas ___ Part of Texas

This 2-1-1 Texas call center serves the counties listed below. If your organization serves additional counties, please list them below. With your permission, we will forward this information to the call centers serving the additional counties in your service area.

___ Bastrop ___ Blanco ___ Burnet ___ Caldwell ___ Fayette ___ Hays ___ Lee ___ Llano ___ Travis ___ Williamson

If only part of a county is served, please also specify zip codes and/or cities served.

Other service area information: _____

20. **Please describe the primary services offered to anyone meeting your program's eligibility requirements and other criteria.** (Please use additional paper if necessary; we want to provide callers with a complete and accurate description of the program)



MEMORANDUM OF UNDERSTANDING

Organization Name _____

Many social service professionals and volunteers utilize the information you provide us to refer their clients to your organization and programs. Please feel free to call us if you have concerns related to this form.

I hereby authorize 2-1-1 Texas to utilize my organization's information for inclusion in its:

- ___ Helpline database so that the information may be provided to people who call 2-1-1 for assistance.
- ___ Online database of community resources (www.211centraltexas.org) and periodic print directories.

Information that is noted as **confidential** on the form (such as physical location) will not be given to callers, nor will it be published in other formats.

Your signature below indicates that your organization will respond to annual requests from 2-1-1 Texas for updated information. We rely on the cooperation of all of the agencies listed in our database to provide accurate information to our callers. We encourage you to contact us *any time* between annual updates to apprise us of changes in your organization's services and/or contact information.

This signed release form will be kept on file as an ongoing authorization that 2-1-1 Texas may provide information to the public regarding the services of the above-named organization.

Name _____

Title _____

Signature _____ Date _____



2000 E. MLK, Jr. Blvd.
Austin, Texas 78702
Helpline: 2-1-1 or (512) 323-5566
Fax: (512) 836-1036
www.211centraltexas.org

Thank you for your help and support of 2-1-1!

How can I communicate future changes in services at my agency?

Contact our 2-1-1 community information department to tell us about changes, new services offered, or special initiatives you would like us to tell our callers about. We will immediately update our database and inform our staff.

How can I educate my staff about 2-1-1?

Please tell your staff and volunteers about our helpline! We offer presentations for agency staff about our helpline and online database. We can come to your office, or hold training sessions at our office. We also welcome agencies to visit our office so that our staff can learn more about your services and meet you in-person.

How often does 2-1-1 refer to my agency's services?

We will be happy to run a report showing the number of times we have referred helpline callers to your agency's services or programs. Contact the community information department.

Who can I contact at 2-1-1?

Please let us know how we can best serve your staff and clients. Call or email us anytime with questions, suggestions, or feedback about our service.

2-1-1 helpline management:

Kay Euresti Garza, (512) 323-5566 x55006, kayeuresti.garza@unitedwaycapitalarea.org

2-1-1 community information database and directories:

Amy Price, (512) 323-5566 x55020, amy.price@unitedwaycapitalarea.org

Sara Tierney, (512) 323-5566 x55012, sara.tierney@unitedwaycapitalarea.org

2-1-1 outreach coordination, in-services, presentations, and call center tours:

Jerry Ronquillo, (512) 323-5566 x55029, jerry.ronquillo@unitedwaycapitalarea.org