



2-1-1 Texas/United Way of the Brazos Valley

1716 Briarcrest Dr., Suite 155, Bryan, Texas 77802
Phone: (979) 696-4483 | FAX: (979) 696-7820



Inclusion Form - Page 1 AGENCY/ORGANIZATION FORM

This is only for your administrative office information.

A **Site Information Form** also needs to be completed (even if your agency/organization only has one location. Please complete one **Service/Program Information Form** for each program you would like to have included in our database. Please make copies of the site and program forms as needed by your agency/organization.

AGENCY/ORGANIZATION NAME:

TYPE OF ORGANIZATION: Nonprofit 501(c)(3) Nonprofit Government Other:

ADMINSTRATIVE PHYSICAL ADDRESS Check here if physical location is confidential (please provide us with a mailing address)

Street: City: State: Zip:

PO Box City: State: Zip:

Main Phone: Fax: Other:

PERSON IN CHARGE OF AGENCY/ORGANIZATION (Executive Director, CEO, President, etc.)

Name: Title:

Phone (if different from main #): Ext. Email:

Is this site accessible to the disabled? Is this site accessible for wheelchairs?

Include on Websites? Include in Directories?

ADMINISTRATIVE HOURS OF OPERATION (open for administrative contact):

DESCRIPTION OF ORGANIZATION (Please provide a brief explanation of your agency/organization):

The information you provide for 2-1-1 Texas/United Way's Community Resources database may be used in printed materials, information and referral to callers, special reports, websites, and other formats, and may be made available to other agencies/organizations and the public. Please do not include any organization or program information you do not want released to the public. 2-1-1 Texas/United Way also reserves the right to edit your information.

I hereby authorize the United Way of the Brazos Valley to utilize my agency's/organization/s information for inclusion in its Community Resources database and all printed and electronic materials that it publishes and/or sells to others, and understand they reserve the right to edit the provided information.

ELECTRONIC SIGNATURE (Typing your name indicates you agree to the above terms; if submitting via fax or mail, please provide signature in ink)

TITLE/POSITION

DATE:



2-1-1 Texas/United Way of the Brazos Valley

909 Southwest Parkway East, PO Box 10883, College Station, Texas 77840
Phone: (979) 696-4483 | FAX: (979) 696-7820



Inclusion Form - Page 2 SITE INFORMATION FORM

This is only for your administrative office information.

IMPORTANT: *If your organization only has ONE location, we still need you to fill out this form. Your site name will be the same as your Agency/Organization name. (Please complete one SITE INFORMATION FORM for each physical location you would like to have listed. Make copies as needed.)*

SITE NAME (location):

If any additional sites do not have specific names, please use the geographic area such as Bryan office, University Drive office, etc.)

AGENCY/ORGANIZATION NAME:

PHYSICAL ADDRESS *Check here if physical location is confidential (please provide us with a mailing address)*

Street: City: State: Zip:

PO Box City: State: Zip:

PHONE NUMBERS & INTERNET ACCESS OF SITE

Main/Intake #: Alternate #: Fax:

TDD/TTY #: Toll-Free #: Other:

Email: Website:

DOES YOUR ORGANIZATION HAVE A SITE DIRECTOR? If yes, please provide the Site Director's information below.

Name: Title:

Phone (If different from main #): Ext. Email:

Is this site accessible to the disabled? **Is this site accessible for wheelchairs?**

It this site accessible through public transportation (on a bus route)?

SITE HOURS OF OPERATION (hours this location is open):

PROGRAMS OFFERED AT THIS SITE (list program names - there should be a corresponding Program Information Form for each program listed):

TITLE/POSITION

DATE:

2-1-1 Texas/United Way of the Brazos Valley

PREPARED BY

TITLE/POSITION

DATE:



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PROGRAM INFORMATION FORM

Please complete one program information form for each program you would like to have listed

PROGRAM NAME:

If there is no specific Program Name, please provide a descriptive title of the services offered (i.e., Shelter, Case Management, Social Services, etc.)

AGENCY/ORGANIZATION NAME:

LANGUAGES SPOKEN (Other than English): Spanish Other:

PROGRAM HOURS OF OPERATION (hours this program/service is offered):

FEES None Based on family size and income (sliding scale) Donations accepted Call for information
Flat Fee: \$ **Accepts:** Medicaid Medicare CHIP Other

ELIGIBILITY (e.g., age, gender, special conditions, etc.):

INTAKE PROCEDURE (How to apply for services):

TRANSPORTATION On bus route Transportation provided Call for more information Other

DOCUMENTS REQUIRED None Valid Identification Proof of address Proof of income Social Security Card(s)
 Call for more information Other

AREA SERVED (list counties or cities. If only part of a county or city is served, please provide specific zip codes):

PHONE (If different from main #): Ext.

PROGRAMS DESCRIPTION (Please provide a brief description of the services offered by this program, excluding information already provided above):

PROGRAM OFFERED AT THESE LOCATIONS (List names of sites that this program is offered at. Each site should have a corresponding Site Information Form completed):

PREPARED BY

DATE: