



United Way 2-1-1 Agency Information Form

Please return this form to: **United Way 211 PO Box 152 Columbia, SC 29202**
Fax: 803/779-7803 Questions: 803/733-5487

Thank you for agreeing to be included in our database of service providers. It is very important that the information we have about your agency is accurate. The relevance of referrals to your organization depends on that accuracy. Please type or print clearly.

AGENCY NAME _____

This profile completed by: **NAME** _____

TITLE _____

PHONE _____ **DATE** _____

1. NAME: What is the legal name of your agency?

NAME: _____

OTHER NAMES(former, acronyms): _____

2. ADDRESS: What is the physical address of your agency?

ADDRESS: _____

COUNTY: _____

CITY: _____ STATE: _____ ZIP: _____

Check here if physical address is confidential.

A. Is the mailing address the same as the physical address?

Yes No. If no, what is the correct mailing address?

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

B. Should the physical address be used for client referrals to your agency?

Yes No

3. AFFILIATION: Are you affiliated with a larger organization?

No Yes. If yes, what is the name of that organization? _____

4. CONTACTS: Please list names and/or numbers and on-line addresses below:

MAIN CLIENT NUMBER: _____

DIRECTOR: _____

VOLUNTEER COORDINATOR: _____ DONATIONS: _____

OTHER (please specify): _____

FAX: _____ TDD (Telecommunication Device for the Deaf): _____

E-MAIL ADDRESS: _____ WEB SITE: _____

United Way 211 would like to establish an ongoing relationship with a key person in your organization who can be contacted for updates and who will contact us when your organization has new information which might be important for us to have when referring callers to you. Please indicate the name, title, and phone number of that "key person". Thanks for your help.

NAME: _____

TITLE: _____ PHONE: _____

PROGRAM INFORMATION

5. **HOURS/DAYS:** What are the days and hours of your agency's operation? If your agency has a consistent schedule throughout the year, then complete only the (A) response for this question.

A. OFFICE HOURS: _____ to _____ DAYS: _____

B. INTAKE: _____ to _____ DAYS: _____

C. Please indicate any special schedules such as evening/weekend services or occasional programs

6. **PROGRAMS: Elaborate on the programs and services you provide.** Callers are referred to your agency based on this description. Please be as specific as possible and type or print clearly. (Use additional paper if needed.) In addition to this description, please enclose a copy of your agency brochure or other literature for our files.

Program Name: _____ Phone Number: _____

Contact Name: _____ Title: _____

Program Description: _____

Program Name: _____ Phone Number: _____

Contact Name: _____ Title: _____

Program Description: _____

7. **ELIGIBILITY:** Who is eligible for your services? (i.e., are your services limited to clients by criteria such as gender, age, military, ethnic origin, disability, etc.?) _____

8. **FEES:** What is your fee structure?

No fee Straight fee for service - no adjustment

Sliding scale fee Other considerations: _____

9. **INSURANCE:** Does your agency accept any private insurance or equivalent third party coverage?

None Medicare Medicaid Private Insurance

10. **INTAKE:** What is (are) your intake procedure(s)?

Telephone Walk-in By Appointment Referral Required: (by whom?) _____

11. **LANGUAGES:** What languages are routinely available and spoken by your staff and/or volunteers?

English Only American Sign Language

Spanish Other: (specify) _____

Literature / information available in Spanish

12. **AREAS SERVED:** Please indicate the area(s) you serve.

Entire United Way of the Midlands Service Area (Richland, Lexington, Fairfield and Newberry counties)

Specific counties: (check all that apply)

Richland County Lexington County Fairfield County Newberry County Orangeburg County Calhoun County

Limited/Expands to:

1. City or County(ies) _____ 2. Community/Neighborhood: _____

3. State: _____ 4. Other (e.g., zip code): _____

13. **DIRECTIONS:** Please give basic directions to your agency in relation to the nearest major intersection or landmark (for example, 1 mile north of I-285 on Roswell Rd., 1/4 mile east of The Square, etc.)

14. **SEASONAL:** Does your agency provide seasonally specific services (e.g., summer, beginning of school, Thanksgiving, Christmas)?

No Yes. If yes, please list below the services your agency offers:

To be announced, please contact again in: _____ (month)

Thanksgiving program:

Services: _____

Dates: _____ to _____

Christmas program:

Services: _____

Dates: _____ to _____

Other seasonal program:

Services: _____

Dates: _____ to _____

Are seasonal services restricted to current clients only? Yes No

15. TRANSPORTATION: Please specify your agency's accessibility to transportation.

A. PUBLIC TRANSPORTATION

Within 3 or 4 blocks of a bus or rail line No convenient public transportation.

B. AGENCY TRANSPORTATION (Special Conditions)

Agency provides transportation _____

Agency will arrange for transportation _____

Agency will conduct home deliveries _____

16. DOCUMENTATION REQUIRED: (Check all that apply):

None Required Proof of Income Picture Identification Eviction Notice Social Security Card

Utility Cut-Off Notice Birth Certificate Other (Specify) Proof of Residence

17. ACCESSIBILITY: What accommodations does your facility provide to people with disabilities as defined by the Americans with Disabilities Act

Designated Parking Indoor Wheelchair Access Outside Ramps None Elevators

18. SATELLITES: Does your agency have any satellite locations that offer the same programs and services described on page 3? If your agency has locations that offer programs and services that are expanded or different from the ones described on page 3, please call and request a separate survey form for those locations.

No satellite locations Yes. Please specify below. (Attach separate sheet if additional space is needed.)

Location 1 Name: _____

Address: _____

City: _____ Phone: _____ Hours/Days: _____

Same Services: Yes No

Location 2 Name: _____

Address: _____

City: _____ Phone: _____ Hours/Days: _____

Same Services: Yes No

Location 3 Name: _____

Address: _____

City: _____ Phone: _____ Hours/Days: _____

Same Services: Yes No

19. STATUS: Please check the ONE answer that indicates your agency's organizational status.

Non-profit Religious (R) Non-profit/Other (N) Federal (F) State (S) For Profit (P)

501(c)3 Number _____ City (M) County (C)

VOLUNTEER OPPORTUNITY/DONATION INFORMATION

20. VOLUNTEER OPPORTUNITIES:

A. In which of the following areas can volunteers make a contribution in your organization?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Accounting/bookkeeping assistance | <input type="checkbox"/> Customer service | <input type="checkbox"/> Literacy/GED programs | <input type="checkbox"/> Special event |
| <input type="checkbox"/> Administrative/Office | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Maintenance/repair/yardwork | <input type="checkbox"/> Teacher's aide |
| <input type="checkbox"/> Animal care/rights | <input type="checkbox"/> General labor | <input type="checkbox"/> Marketing/public relations | <input type="checkbox"/> Training |
| <input type="checkbox"/> Childcare/daycare | <input type="checkbox"/> General Office | <input type="checkbox"/> Mentoring | <input type="checkbox"/> |
| Transportation/delivery | <input type="checkbox"/> Health and medical services | <input type="checkbox"/> Professional fields | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Child/youth development | <input type="checkbox"/> Helpline counseling | <input type="checkbox"/> Recreation and sports | <input type="checkbox"/> Warehouse/stock work |
| <input type="checkbox"/> Companion/visiting services | <input type="checkbox"/> Immigration/refugee services | <input type="checkbox"/> Servers (food distribution) | <input type="checkbox"/> Yard work |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Language translation/teaching | <input type="checkbox"/> Skilled trades (painting, etc.) | |
| <input type="checkbox"/> Crafts/hobbies | Which language(s)? _____ | | |
| <input type="checkbox"/> Crisis intervention | | | |

When do you have volunteer opportunities?

	MON	TUES	WED	THU	FRI	SAT	SUN
Morning							
Afternoon							
Evening							
Overnight							

Please describe your Volunteer Opportunity(ies) below:

Job Title _____ Hours/Days Needed _____

Volunteer Contact _____ Phone Number _____

Job Description _____

Dress Code Casual Business Casual Uniform (provided) Uniform (not provided) Other _____

What kind of training and commitment are required? _____

- B. Do you accept youth (ages 12-18) as volunteers? Yes No Age requirements _____
- Do you accept groups as volunteers? Yes No
- Do you accept families with children as volunteers? Yes No
- Do you accept court-referred volunteers (ordered to complete a specific number of hours in community service work)? Yes No
- Does agency have seasonal volunteer opportunities for THANKSGIVING, CHRISTMAS or OTHER HOLIDAYS? (please specify)
- _____

21. DONATIONS: Does your agency accept ongoing, non-monetary donations in support of programs/services? Yes No

A. If yes, please specify below.

- Clothing (please specify): men women children infants Food
- Household Items Furniture Small Appliances (microwaves, toasters, coffee makers, etc)
- Large Appliances (tv's, refrigerators, stoves, etc.)
- Office equipment/computers Other (please specify): _____

B. Is pickup available? Yes No

Limitations (size, quantity): _____ Average time to pick up: _____

Does agency agree NOT to discriminate in providing services based on race, ethnicity, sexual orientation, or religion?

YES NO

To the best of my knowledge all of the preceding information is true and correct.

Signature: _____ Title: _____

Thank you for your time and effort.