



LIVE UNITED



United Way of Central Georgia

NON-PROFIT—AGENCY SURVEY

How did you learn about United Way 2-1-1?

Agency's Legal Name:

Other Names (AKA, acronyms, former, etc.):

IRS Status: Tax ID#: Secretary of State Control #:

Physical Location of Organization — *Please photocopy & complete a separate form for each additional branch/location.

Address: County:

City: State: Zip Code:

Physical address is confidential: [] Yes [] No

Mailing Address (If different from physical address): County:

City: State: Zip Code:

Mailing address is confidential: [] Yes [] No

Administrative Hours: Days: [] MON [] TUE [] WED [] THU [] FRI [] SAT [] SUN

CONTACT INFORMATION

Agency Phone Number:

Fax #: Text Short Code: TDD (Telecommunication Device for the Deaf) #:

Website: Agency E-Mail:

Director Name/Title: Phone: E-Mail:

Other Contact Name/Title: Phone: E-Mail:

Organizational Status—Please check the one that indicates your agency's organizational status:
[] Federal [] State
[] City [] County
[] Private Nonprofit [] Proprietary/Commercial/For-Profit
[] Other—Specify:

NOTE: Include a copy of your agency's 501c3 to this form. If you do not have a 501c3, you are automatically seen as a for-profit entity and will need to request our for-profit agency form and pay a fee of \$400.00 per year to join the 2-1-1

AGENCY SURVEY CONT.

Directions — Please provide basic directions to your facility—Indicate name of office complex, subdivision, apartment, etc. Please include nearest visual intersection, names of adjacent buildings, any helpful landmarks:

Public Transportation—Facility accessible by public transportation: Yes No Bus #:

Accessibility—Accommodations for 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, tutoring, mentoring, community clinic, counseling, etc.)

NOTE: All services listed must be active & currently running—not a vision for the future. Please attach flyers/pamphlets about your organization to aid in a better understanding of services provided.

NOTE: If services have different hours/days or special intake hours, please specify below.

Brief Program Description:

Service Hours: Days: MON TUE WED THU FRI SAT SUN

Other—Specify:

Eligibility (Who is eligible for your services?) - CHECK ALL THAT APPLY:

- No Restrictions Battered Women
- Individuals & Families with Low Income Residents of Service area only
- Disabled Veteran / Veterans Seniors/Older Adults
- Military Personnel / Military Families Women with Children
- Children (specify age &/ gender) — Age(s): _____ Gender: _____
- Youth (specify age &/ gender) — Age(s): _____ Gender: _____
- Teens (specify age &/ gender) — Age(s): _____ Gender: _____
- Varies by program; call for details
- Anyone regardless of their immigration status
- Other (specify age/gender eligibility or specific geographic area): _____

Intake (What are your service intake procedures?) - CHECK ALL THAT APPLY:

Walk In Telephone By Appointment Only E-Mail Internet/Online Voicemail

Referral required from (specify): _____ Other (specify): _____

Required Documentation (What documents do you required before services are rendered?) - CHECK ALL THAT APPLY:

- No Documents Required Birth Certificate Social Security Card Eviction Notice
- Applications Form Proof of Residence Proof of Income Picture ID/Driver's License
- Medical/Psychiatric Records Utility Cut-off Notice Case Worker Referral Proof of Legal Status
- Other Document(s) - Specify: _____

MEMORANDUM OF UNDERSTANDING

I have read the important information at the bottom of this form.

I hereby authorize the United Way of Central Georgia to utilize my organization's information for inclusion in its community resource database and all printed and electronic materials that it publishes and/or sells to others.

Organization Name: _____
 Non-Profit For-Profit Government

Executive Director: _____
(Please Print)

Title (if not Executive Director): _____

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

Contact's Name: _____
Phone: _____ E-mail: _____

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

Primary Contact: _____
Primary E-mail: _____

Secondary Contact: _____
Secondary E-mail: _____

No e-mail at this time.

IMPORTANT INFORMATION

The information you provide for the United Way's community resource database may be sold in a printed directory format, directory on CD format, and special reports. The information in the database may also be made available on the Internet and in other printed or electronic formats. Many organizations and 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.