

**211 AGENCY APPLICATION**

Thank you very much for your interest in having your agency included in the 211 database. Please review this page for an overview of the application process and send us the completed application form by email for process.

The application consists of the three basic categories of information required:

**1. Agency Information:** The general information for your agency, including the main contact for updates.

**2.** **Site Information:** Sites are the physical locations at which services are delivered. If a location is confidential, please indicate this and the location will not be listed.

**3.** **Program Information:** Programs are the services your agency offers. Program information includes a description of the services, eligibility requirements, and contact information to connect with the service. Each Program should be linked to at least one Site listed in “Site Information” section.

Each year, your agency’s primary contact (identified in the Agency Information section of the application form) will receive an auto-verification email to confirm and/or update the accuracy of your agency’s information in the database. The recipient will be able to access the database through the verification link in the email, review the information related to your agency, and make any needed changes. Agencies that do not respond to the verification update will be subject to removal.

If you have any question or need any assistance, please do not hesitate to contact us. We are looking forward to receiving your application.

Thank you!

211 Monterey County

211monterey@icfs.org

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| **AGENCY APPLICATION/UPDATE FOR 2-1-1 MONTEREY** | | | | | | | | |
| **AGENCY INFORMATION** | | | | | | | | |
| **Inclusion Criteria** | | | | | | | | |
| Does your organization provide services that you believe are appropriate for inclusion in the 2-1-1 database, based the 2-1-1 Monterey County Inclusion/Exclusion Policy (available at www.211mc.org)?   Yes  No | | | | | | | | |
| Have you been in operation for at least six months?  Yes  No | | | | | | | | |
| **Agency Information** | | | | | | | | |
| Agency Name: | | | | | | | | |
| Is your agency also commonly known by another name or abbreviation: | | | | | | | | |
| Parent Agency (If legally part of another organization, department, division, etc. please provide legal name): | | | | | | | | |
| Agency Description (describe your agency in one or two sentences):  *e.g. Nonprofit organization focused on supporting individuals with disabilities.* | | |  | | | | | |
| Agency Type:  Nonprofit: If Yes, what is your tax designation?  501(c)3  501(a)  No formal designation  Other:  Government/Public  Religiously Affiliated Organization (No formal legal designation)  Membership Organization (No formal legal designation)  For Profit/Proprietary | | | | | | | | |
| **Agency Contact Information** | | | | | | | | |
| Agency Website/URL: | | | | | | Agency Email: | | |
| Is this physical address:  Confidential location   Wheelchair accessible | | Agency Physical Address: | | | | City, State: | | Zip: |
| Mailing Address  Same as above | | Agency Mailing Address: | | | | City, State: | | Zip: |
| Agency Administration Phone #: | | | | | | TDD/TTY #:       Fax #: | | |
| **Agency Senior Executive** (Name & Title) |  | | | Phone: | | | Email: | |
| **Agency Primary Contact** for 2-1-1 Updates  (Name & Title) |  | | | Phone: | | | Email: | |
| Administration Office Hours:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday | | | | | What holidays does your agency close for? | | | |

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| **“SITE A” INFORMATION** | | | |
| Site Name (This is the name of the physical location):        It can be specific – i.e. ABC Family Resource Center, or general – i.e. Salinas Office | | | |
| Is this physical address:    Confidential Location  Wheelchair Accessible | Physical/Street Address: | City, State: | Zip: |
| Mailing Address  Same as above | Mailing Address: | City, State: | Zip: |
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| **“SITE B” INFORMATION** | | | |
| Site Name: | | | |
| Is this physical address:    Confidential Location  Wheelchair Accessible | Physical/Street Address: | City, State: | Zip: |
| Mailing Address  Same as above | Mailing Address: | City, State: | Zip: |
| **“SITE C” INFORMATION** | | | |
| Site Name: | | | |
| Is this physical address:    Confidential Location  Wheelchair Accessible | Physical/Street Address: | City, State: | Zip: |
| Mailing Address  Same as above | Mailing Address: | City, State: | Zip: |
| **“SITE D” INFORMATION** | | | |
| Site Name: | | | |
| Is this physical address:   Confidential Location  Wheelchair Accessible | Physical/Street Address: | City, State: | Zip: |
| Mailing Address  Same as above | Mailing Address: | City, State: | Zip: |
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| **PROGRAM INFORMATION**  **(Please submit one Program Information Page per program)** | | |
| Agency Name: | | Program Name: |
| Is this program commonly known by another name or abbreviation? | | |
| Program Website/URL: | | Program Email Contact: |
| **Program Description/Primary Services**  *Maximum of 100 words.*  *e.g. Offers parenting skill classes to parents struggling with managing misbehavior of their children at home or school.* |  | |
| Which sites/locations offer your program (matching Site Information on page 2)?  Site A  Site B  Site C  Site D  Other: | | |
| Intake Procedure:  Apply by Phone  Walk-In  Call for Appointment  Referral Required Other: | | |
| Documentation Required at Intake: (i.e. ID, SS card, Proof of Income etc.) | | |
| Program eligibility requirements:  *e.g. Must be parents with children aged under 18.*  Eligibility requirements based on residency (i.e. program only serves residents of a specific city)?       *e.g. Must be resident of City of XXX.* | | Coverage Area:  United States  California  Specific County:  Specific City only:  Specific Zip Code only: |
| Fees *(check all that apply)***:**  No Fee  Fees vary  Sliding Scale fee $       to $       based on  Set program fee $ | | Accepts Medi-Cal  Accepts Medi-Care  Accepts most insurance  Membership fee $       per |
| Program Hours:  Monday        Hours vary, please call for information  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday | | |
| Service is available in:  English Spanish Other:        Interpreter Services Available | | |
| **PHONE NUMBERS** | | |
| Main Program Phone #:  Other Phone # (if different from Main):       Purpose of other phone (i.e. Afterhours 5pm-8am):  Fax #:       TDD/TTY Phone #: | | |

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| **SIGNATURE** | |
| **I AUTHORIZE THE VERIFICATION OF THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE. I UNDERSTAND THAT IN ORDER TO KEEP 211 MONTEREY’S DATABASE ACCURATE AND UP TO DATE, AGENCIES ARE ASKED TO INFORM 211 MONTEREY OF CHANGES TO THE AGENCY’S OPERATIONS WITHIN 30 DAYS AND TO PROVIDE CURRENT INFORMATION DURING OUR ANNUAL UPDATE PERIOD. I HAVE READ AND UNDERSTOOD 211 MONTEREY’S INCLUSION/EXCLUSION POLICY. APPLICATIONS/UPDATES WILL BE PROCESSED WITHIN 7 DAYS OF RECEIPT.** | |
| **PRINT NAME:** | **PHONE:** |
| **TITLE:**  **DATE:** | **EMAIL:** |

***SUBMIT APPLICATIONS/UPDATES VIA EMAIL***

**211 Monterey County / United Way Monterey County**

**232 Monterey Street, Suite 200, Salinas, CA 93901**

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