

Application to join database and be listed with 2-1-1 Sacramento & Community Services Directory

Agency Information

Please print or type information as you would like it to appear in the Community Services Directory

Agency (Legal Name)(55 characters): _____

AKA (also known as, acronym, former or popular names): _____

Federal Employer ID Number (EIN): _____ Year of Incorporation: _____

Street Address (35 characters): _____ Cross-Sts: _____

City: _____ State: _____ ZIP code: _____

Mailing Address (if different) (45 characters): _____

City: _____ State: _____ ZIP code: _____

Telephone: (____) _____ Office Crisis Information After-hrs Answering Recorded In Person TDD

Telephone: (____) _____ Office Crisis Information After-hrs Answering Recorded In Person TDD

Telephone: (____) _____ Other description: _____

Telephone: (____) _____ Other description: _____

FAX: (____) _____ E-mail: _____

Web Site: _____

Funding Sources: City Contracts Contributions (In-Kind) County Dues/memberships Endowment Faith based (Church) Federal Fees (for service) Fundraising Grants/private Medi-Cal/Medicare Private Donations (individual, business) Private Insurance Sales (products, tickets, etc.) School/School Districts State United Way

General Operation of Agency: _____

Days & Hours (140 characters): _____

Person in Charge: _____ Title: _____

(35 characters)

(35 characters)

Agency Type (legal status): Association Church City Club County Federal Joint Power Media Nonprofit Profit Public School District Special District State Support Group Other: _____

Program/Site Service Information

Please print or type. If multiple programs or sites are offered, photocopy this form and fill out for each.

Program Name (65 characters): _____

AKA (also known as, acronym, former or popular name) _____

Street Address (35 characters): _____ Cross-Sts: _____

City: _____ State: _____ ZIP code: _____

Mailing Address (if different) (45 characters): _____

City: _____ State: _____ ZIP code: _____

OVER

Telephone: (____) _____ Office Crisis Information After-hrs Answering Recorded In Person TDD

Telephone: (____) _____ Office Crisis Information After-hrs Answering Recorded In Person TDD

Telephone: (____) _____ Other description: _____

Telephone: (____) _____ Other description: _____

Telephone: (____) _____ Other description: _____

FAX: (____) _____ E-mail: _____

Web Site: _____

Days & Hours (140 characters): _____

Person in Charge: _____ Title: _____
(35 characters) (35 characters)

Description of Services (brochures can be included but not in lieu of writing out a description):

Population Groups service is intended for: _____

Services Aids (check all that apply): architecturally accessible near bus line near light rail parking available
 transportation available use volunteers (other): _____

Fees/Method of Payment (126 characters): _____

Languages Spoken (besides English): _____

Eligibility (126 characters): _____

Area Served (geographical such as ZIP code, city, county, area, etc.) (126 characters): _____

Application/Intake Procedure (check all that apply): telephone e-mail walk-in website visit write

Required documents: _____ Referral from: _____

Other requirements/procedures: _____

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I agree that all information may be made public via 2-1-1 Sacramento, printed lists and products such as Community Services Directory, online listings and databases.

Person completing this form _____
Print Signature

Direct phone (for admin purpose): _____ FAX (admin) _____

E-mail: _____ Date: _____

Non-profit organizations will need to include a copy of their 501(c)(3) when applying. Thank you!

Community Services Planning Council

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E-mail: directory@211sacramento.org

Web Site: www.211sacramento.org