

Agency Survey: Non-Profit Form



AGENCY LEGAL NAME: Please do not supply information not meant for the general public.

Other Names (acronyms, former names,

Tax ID#:

PHYSICAL ADDRESS

(Please photocopy and complete a separate form for each additional branch or location)

Is the physical address confidential? Yes No

Address:

County:

City:

State:

Zip Code:

Is the mailing address different from the permanent address? If yes, indicate address below:

ADMINISTRATION HOURS: Mon: Tues: Wed: Thurs: Fri: Sat: Sun:

Specifics about hours of operation:

CONTACT INFORMATION:

Agency Telephone Number:

Additional Telephone Number:

Fax Number:

TDD (Telecommunications Device for the Deaf) Number:

Organizational Web Address:

Email Address:

Director Name/Title:

Telephone:

Email:

Other Contact Name/Title:

Telephone:

Email:

Please provide basic directions to your facility (indicate name of office complex, subdivision, etc.)

SERVICES (please list the services offered to anyone meeting your eligibility requirements (i.e. food pantry, shelter, transitional home, mentoring, tutoring, community clinic and counseling, etc). Brief program description:

All Services must be active and currently running. Please attach documentation to this form (pamphlets, brochures, fact sheets, flyers, etc.) about your organization to aid in a better understanding of services provided. List services that have different hours/days or special intake hours.

SERVICE HOURS: Days: Mon Tue Wed Thu Fri Sat Sun Other: (specify)
Additional information about service hours:

ELIGIBILITY Who is eligible for your services? Please list below:

INTAKE What are your intake procedures? Please list below:

REQUIRED DOCUMENTATION:

FEES Please choose appropriate fee type:

No Fee	Straight Fee (specify)	Sliding scale fee	Other (specify)
Payment subsidies accepted:	Medicaid	Medicare AHCCCS	Private Insurance
Scholarships available			

LANGUAGES what languages are routinely spoken by your staff?

English only Spanish American Sign Language

Other (specify)

Do you distribute literature available in Spanish? Yes No

Are Interpretation/translation services available? Yes No

SERVICE AREA Please list the area(s) you serve:

If you are restricted to specific cities, counties or zip codes, please indicate them:

ORGANIZATIONAL STATUS

Please check the answer that indicates your agency's organizational status:

City/Town Government County Government Faith-based Nonprofit Federal Government
For Profit Nonprofit State Government Tribal Government Other (specify)

If your organization meets the criteria to be included in our written products or publications, do you wish to be considered for inclusion? Yes No

Do you wish to be included on our 211 Arizona website? Yes No

Does your organization discriminate in providing service or volunteer opportunities based on race, ethnicity or religion? Yes No

Is your business home-based or is there a separate facility from which you conduct business?
Home-based Separate facility

We meet all the Federal, State and Local laws, requirements and regulations including fire, health and zoning codes. To the best of my knowledge, all of the preceding information is correct.

Name: (please type) _____ Title: _____

Email or fax applications to:
211Arizona@CrisisNetwork.org
Fax: 602-263-0979
<https://211arizona.org/get-listed/>

Mail applications to:
2-1-1 Arizona
1275 W Washington St., Ste 210
Tempe AZ 85281-1859

IMPORTANT INFORMATION

The information you supply is primarily for use by our Information & Referral Specialists (2-1-1 within Arizona or 877-211-8661) and by our web-based clients (www.211arizona.org). It may also be sold in printed directories, special reports and/or as mailing labels. 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 option and should be provided at your discretion. We reserve the right to edit your information.

MEMORANDUM OF UNDERSTANDING

I have read the **IMPORTANT INFORMATION** at the top of this form.
I hereby authorize 211 Arizona to utilize my organization's information for inclusion in its Community Resources database and all printed and electronic materials that it publishes and/or sells to others.

Non-profit Organization Name: _____

Executive Director (please print): _____

Title (if not Executive Director): _____

Signature: _____

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

Contact Name: _____ Phone #: _____

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

No email at this time

Primary email: _____ Contact Name: _____

Secondary email: _____ Contact Name: _____

2-1-1 Arizona Use

Entered Only Not Entered* Date: ___/___/___ Received: ___/___/___

*Reason not entered: _____

Notified Submitter by Letter Email Phone Date: ___/___/___

Processed by: _____

Notes: _____