DATABASE APPLICATION FORM

Utah 2-1-1 Get Help. Give Help. United Way

Please type or print clearly. *Referrals to your organization depend on the accuracy of information you provide. If you have any questions or need help completing this form, please dial 2-1-1 and ask for a Resource Specialist.*

GENERAL INFORMATION

Organization name _____ Other names *(former, acronym)* _____

Address _____ City _____ State _____ Zip_____

Mailing address *(if different)* _____ City _____ State _____ Zip_____

Main telephone_____ Toll Free_____ Fax _____

Organization email address _____ Website _____

DIRECTOR/CONTACT INFORMATION

Director/contact person _____ Title_____

Director/contact telephone _____ Director/contact email_____

ORGANIZATION'S PURPOSE

_____

_____

_____

_____

Hours/Days of operation *(e.g. Mon-Fri 8 a.m.-5 p.m.; Sat 9 a.m.-2 p.m.):* _____

_____

_____

Area served *(geographical boundaries, zip codes, etc.):* _____

_____

_____ No Boundaries: _____

SERVICE INFORMATION

Please be as clear and concise as possible; use additional sheet(s) if necessary. Also, attach pamphlets or flyers about your organization to aid in a better understanding of services provided. If your organization offers services only under specific circumstances, such as a disaster, please provide that information as well.

1. _____
   _____
2. _____
   _____
3. _____
   _____
4. _____
   _____
5. _____
   _____
6. _____
   _____

Eligibility requirements *(include requirements based on age, income, residence, etc.):* _____

_____

_____

Fees *(check all that apply):* ☐ None ☐ Membership fee ☐ Sliding fee scale based on income ☐ Set ☐ Varies by service

Fee Notes: _____

Branches/other locations *(attach additional sheets if necessary):* _____

_____

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SERVICE INFORMATION *Continued*

Intake procedures *(check all that apply):* ☐ Walk-in ☐ Telephone ☐ Appointment only ☐ Internet/online ☐ Email
☐ Other *(specify):* _____

Please list services that have different hours/days or take special intake hours, if applicable:_____
_____
_____
_____

Required Documentation *(check all that apply):* ☐ None ☐ Picture ID/Driver's License ☐ Social Security Card ☐ Birth Certificate
☐ Medical/Psychiatric records ☐ Other *(specify):* _____

Languages *(which are regularly available and spoken by your staff?):* ☐ English only ☐ Spanish
☐ Other *(specify):* _____

Volunteers Accepted: ☐ Yes ☐ No
If yes, explain your organization's volunteer needs: _____
_____
_____

I have read and certify that my organization is in accordance with the terms of the United Way 2-1-1 *Inclusion/Exclusion Policy*. To the best of my knowledge, our agency, site and service/program information is correct.

Signature _____

Print Name _____

Title _____ Date _____