

**United Way 2-1-1
Database Information Request**

Please copy and retain a blank survey to use to keep us updated as your agency changes. A separate survey must be submitted for each program offered by your agency. If requested information does not apply to your program, enter "N/A." Please return by FAX: 770-287-0262, e-mail: help@unitedwayhallcounty.org or snail mail: PO Box 2656, Gainesville, GA 30503. Call 770-534-0617 if you have questions. Thank you.

1. Agency Name: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

2. Mailing Address – Attn: _____

Agency Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

3. Agency also known as: (optional) _____

4. Person in charge of agency: _____ Title: _____

5. not classified private practice non-profit for profit religious volunteer

The following information is given to callers seeking services. Be sure all information is correct.

<u>6. Phone Numbers</u>	<u>Phone Description &/or Contact Person</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____

7. E-mail address: _____

8. Website: _____

9. Hours: _____

10. Programs operated by this agency: _____

11. Describe in detail program and services provided. Use additional sheet of paper if needed.

12. Eligibility criteria: _____

13. Fees: sliding scale _____

straight fee, no adjustment _____

no fee other considerations _____

14. Insurance accepted? Yes No

If yes, what type? private insurance Medicaid Medicare Worker's Comp

15. Intake procedure (check all that apply): phone walk in appointment

written referral referral required by _____

16. Languages: English Spanish Vietnamese Other: _____

17. Counties served (check all that apply): Hall Banks White Rabun Forsyth

Franklin Habersham Lumpkin Dawson Stephens Union Towns

Hart other: _____

18. Documentation (check all that apply): none picture i.d. social security card

birth certificate proof of residence proof of income eviction notice

utility cut-off notice other _____

19. Donations accepted? Yes No If yes, please specify below.
 clothing: _____ food: _____
 furniture, appliances, household goods: _____

 other: _____

20. Person to contact for program/services update: _____
Title: _____ Dept.: _____ Phone: _____

21. Transportation: no convenient public transportation program provides transportation
 program will arrange transportation program offers home deliveries
Special conditions (please specify): _____

22. Seasonal services offered: Yes No If yes, please check all that apply.
 Christmas holiday assistance holiday dinners holidays school year
Seasonal program start date: _____ end date: _____

23. wheel chair accessible physical address confidential
 Volunteer opportunities (VO) disaster response
 list in HR directory Volunteer form returned
 United Way agency include in directory
 VO: anytime VO: evening
 VO: morning VO: weekend
 VO: afternoon VO: youth

24. If your agency/program will be active during local disaster please specify available resources: _____

25. May we publish your information on our web site and/or in our directory? Yes No

26. Do you use Volunteers in your organization? Yes No

Can you use community service workers? Yes No

Can you use Youth Volunteers? Yes No If yes, what age? _____

Job descriptions for Youth Volunteer opportunities: _____

27. Hours Volunteers are needed: anytime AM afternoon PM weekends

28. Job descriptions for Volunteer opportunities: _____

29. Is a Volunteer training program available? Yes No

30. Commitment asked of Volunteers: _____

31. General requirements:

Background check Uniform required

Drug test Uniform supplied

References Dress code

32. Volunteer coordinator: _____

Survey of Programs and Services was completed by:

Name: _____ Title: _____

Signature: _____ Date: _____