## FOR-PROFIT AGENCY FORM

**Agency’s Legal Name:**

**Other Names (AKA, acronyms, former, etc.):**

**Physical Location of Organization — *Please photocopy & complete a separate form for each additional branch/location.**

<table>
<thead>
<tr>
<th>Address:</th>
<th>County:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td></td>
<td>Zip Code:</td>
</tr>
</tbody>
</table>

- Physical address is confidential: □ Yes □ No

<table>
<thead>
<tr>
<th>Mailing Address (If different from physical address):</th>
<th>County:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td></td>
<td>Zip Code:</td>
</tr>
</tbody>
</table>

- Mailing address is confidential: □ Yes □ No

**Administrative Hours:**

<table>
<thead>
<tr>
<th>Days:</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>SAT</th>
<th>SUn</th>
</tr>
</thead>
</table>

**CONTACT INFORMATION**

- **Agency Phone Number:**
- **Fax #:**
- **Text Short Code:**
- **TDD (Telecommunication Device for the Deaf) #:**
- **Website:**
- **Agency E-Mail:**
- **Director Name/Title:**
- **Phone:**
- **E-Mail:**
- **Other Contact Name/Title:**
- **Phone:**
- **E-Mail:**

**Directions:** Please provide basic directions to your facility — indicate name of office complex, subdivision, apartment complex, etc.

**Public Transportation:** Is your facility accessible by public transportation? □ Yes □ No // Bus #: 

**Accessibility**—Accommodations for people with disabilities:

- □ Designated Parking
- □ Indoor Wheelchair Access
- □ Outside Ramps
- □ Elevators
- □ No Access

**Services**—Please list the primary services offered to anyone meeting your eligibility requirements (*i.e.*, food pantry, shelter, transitional home, etc.)

**Brief Program Description:**

ALL SERVICES LISTED MUST BE ACTIVE AND CURRENTLY RUNNING—NOT A VISION FOR THE FUTURE. PLEASE ATTACH PAMPHLETS OR FLYERS ABOUT YOUR ORGANIZATION TO AID IN A BETTER UNDERSTANDING OF THE SERVICES PROVIDED. LIST SERVICES THAT HAVE DIFFERENT HOURS/DAYS OR SPECIAL INTAKE HOURS IN APPLICABLE.

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Agency Survey: For-Profit Form
AGENCY SURVEY CONT.

Services Hours: Days: ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT ☐ SUN
Other—Specify:

Eligibility (Who is eligible for your services?) - CHECK ALL THAT APPLY:
[ ] No Restrictions
[ ] Individuals & Families with Low Income
[ ] Disabled Veteran / Veterans
[ ] Military Personnel / Military Families
[ ] Children (specify age &/ gender) — Age(s): ____________________ Gender: ______________________
[ ] Youth (specify age &/ gender) — Age(s): _______________________ Gender: ______________________
[ ] Teens (specify age &/ gender) — Age(s): ______________________ Gender: ______________________
[ ] Varies by program; call for details
[ ] Anyone regardless of their immigration status
[ ] Other (specify age/gender eligibility or specific geographic area):

Intake (What are your service intake procedures?) - CHECK ALL THAT APPLY:
[ ] Walk In  [ ] Telephone  [ ] By Appointment Only  [ ] E-Mail  [ ] Internet/Online  [ ] Voicemail
[ ] Referral required from (specify): ____________________  [ ] Other (specify): ______________________

Required Documentation (What documents do you required before services are rendered?) - CHECK ALL THAT APPLY:
[ ] No Documents Required  [ ] Birth Certificate  [ ] Social Security Card  [ ] Eviction Notice
[ ] Applications Form  [ ] Proof of Residence  [ ] Proof of Income  [ ] Picture ID/Driver’s License
[ ] Medical/Psychiatric Records  [ ] Utility Cut-off Notice  [ ] Case Worker Referral  [ ] Proof of Legal Status
[ ] Other Document(s) - Specify:

Fees—Please choose appropriate fee type:
[ ] No Fee  [ ] Straight Fee  [ ] Sliding Fee Scale—Based on client’s income  [ ] Other: Specify:

Payment Subsidies Accepted:  [ ] Medicaid  [ ] Medicare  [ ] PeachCare  [ ] Private Insurance  [ ] CAPS
[ ] Scholarships Available

Languages—Indicate which languages are routinely spoken by your staff:
[ ] English Only  [ ] Spanish  [ ] French  [ ] Chinese  [ ] American Sign Language  [ ] Other(s)-Specify:

Do you distribute literature available in Spanish?  [ ] Yes  [ ] No

Service Area—Check the area(s) you serve:
[ ] Baldwin  [ ] Bibb  [ ] Crawford  [ ] Hancock  [ ] Houston  [ ] Jasper  [ ] Jones
[ ] State of GA

If you restrict to certain cities, zip codes, or neighborhoods, please indicate these below:
Cities: ____________________
Zip Codes: ____________________
Neighborhoods: ____________________
AGENCY SURVEY CONT.

Please check the one answer that indicates your agency’s organizational status.

☐ Federal  ☐ State
☐ City  ☐ County
☐ Private Non-Profit  ☐ Proprietary/commercial/for-profit
☐ Other (Specify):

This is the for-profit (non-501c3, non-government) agency form. For-profits must pay a fee of $400 annually to join the 2-1-1 database. Please include check or money order with this form.

⇒ 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 UW 2-1-1 website? ☐ Yes  ☐ No
⇒ Does your organization discriminate in providing service or volunteer opportunities based on race, ethnicity, sexual orientation, or religion? ☐ Yes  ☐ No
⇒ Is your business home-based or is there a separate facility from which you conduct business?
  ☐ Home-Based (located in your home)  ☐ Separate Facility

We meet all federal, state, and local laws, requirements, and regulations including fire, health, and zoning codes.
To the best of my knowledge, all of the proceeding information is true and correct.

___________________________________________________________  _____________________________
Signature  Date

___________________________________________________________
Title

Please mail completed form:
United Way of Central Georgia
ATTN: Carmen Hughey
P.O. Box 1302
Macon, GA 31202

Or e-mail the form:
chughey@unitedwaycg.com

If you have any questions, contact:
Carmen Hughey
2-1-1 Resource Coordinator
chughey@unitedwaycg.com
478.621.7793
MEMORANDUM OF UNDERSTANDING

I have read the **important information** at the bottom of this form.

I hereby authorize the United Way of Central Georgia to utilize my organization’s information for inclusion in its community resource database and all printed and electronic materials that it publishes and/or sells to others.

**Organization Name:**

☐ Non-Profit  ☐ For-Profit  ☐ Government

**Executive Director:**

(Please Print)

**Title (if not Executive Director):**

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

**Contact’s Name:**

**Phone:**

**E-mail:**

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

**Primary Contact:**

**Primary E-mail:**

**Secondary Contact:**

**Secondary E-mail:**

☐ No e-mail at this time.

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**IMPORTANT INFORMATION**

The information you provide for the United Way’s community resource database may be sold in a printed directory format, directory on CD format, and special reports. 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 optional and should be provided at your discretion.

We reserve the right to edit your information.