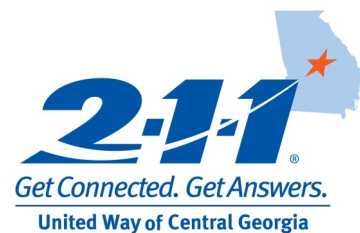


FOR-PROFIT AGENCY FORM



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.		
Address:		County:
City:	State:	Zip Code:
Physical address is confidential: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address (If different from physical address):		County:
City:	State:	Zip Code:
Mailing address is confidential: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Administrative Hours:	Days: <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No // Bus #:		
Accessibility —Accommodations for people with disabilities:		
<input type="checkbox"/> Designated Parking <input type="checkbox"/> Indoor Wheelchair Access <input type="checkbox"/> Outside Ramps <input type="checkbox"/> Elevators <input type="checkbox"/> No Access		
Services —Please list the primary services offered to anyone meeting your eligibility requirements (<i>i.e., food pantry, shelter, transitional home, etc.</i>) 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.		

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 Battered Women Individuals & Families with Low Income Residents of Service area only Disabled Veteran / Veterans Seniors/Older Adults Military Personnel / Military Families Women with Children 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**—Circle the area(s) you serve:

Baldwin

Bibb

Crawford

Hancock

Houston

Jasper

Jones

Lamar

Macon

Monroe

Peach

Pike

Pulaski

Putnam

Spalding

Twiggs

Upson

Washington

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



**United Way
 of Central Georgia**

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.

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.



LIVE UNITED



United Way of Central Georgia