

**2-1-1 SHASTA / 2-1-1 TEHAMA
APPLICATION TO LIST OR REQUEST CHANGES**

(If requesting changes to listing, please fill in Agency/Program name and any fields needing changes.)

AGENCY INFORMATION

Agency Name:

AKA (former or popular names):

Agency Description (brief summary):

Street Address:

City:

State:

ZIP Code:

Mailing Address (if different):

City:

State:

ZIP Code:

Days & Hours:

Phone (type):

Phone (type):

Email:

Website:

Contact Person (updates):

Title:

Phone:

Email:

Keep confidential? Yes No

Person in Charge:

Title:

Phone:

Email:

Keep confidential? Yes No

Agency Type (legal status):

| | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Non-Profit, Incorporated | <input type="checkbox"/> Non-Profit, Unincorporated | <input type="checkbox"/> Voluntary Association | <input type="checkbox"/> Faith-based | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Coalition | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Commercial | <input type="checkbox"/> City |
| <input type="checkbox"/> County | <input type="checkbox"/> State | <input type="checkbox"/> Federal | <input type="checkbox"/> Special District | <input type="checkbox"/> Tribal |

Tax Status: 501(a) 501(c)(3) Registered Charity Commercial

Federal Employer ID# (EIN):

Year Incorporated:

I agree that all information provided on these forms may be made public via 2-1-1 NorCal's database, online listings, and printed lists.

Signature (of person completing form):

Printed Name:

Date:

Phone:

Email:

Please complete both pages.
Return in-person, mail, fax, or email to:
2-1-1 NorCal / United Way of Northern California
2280 Benton Drive, Building B, Box 14
Redding, CA 96003
Fax: 530-229-8048
Email: info@211norcal.org

**2-1-1 SHASTA / 2-1-1 TEHAMA
APPLICATION TO LIST OR REQUEST CHANGES**

(If requesting changes to listing, please fill in Agency/Program name and any fields needing changes.)

PROGRAM/SITE INFORMATION
(COPY FORM TO LIST MULTIPLE PROGRAMS OR SITES)

Program Name (legal name):

AKA (former or popular names):

Description of Services:

Street Address (of program—if different from agency):

City:

State:

ZIP Code:

Mailing Address (if different):

City:

State:

ZIP Code:

Description of Location:

Disabilities Access: Wheelchair accessible Braille Sign language Other:

Transportation: Close to bus stop Transportation provided Other:

Eligibility (age, gender, income requirements):

How often services can be used: No restrictions Once/day Once/month Once/year Other:

Languages Offered (other than English):

Program Fees:

Sliding Scale? Yes No

Types of Insurance Accepted: Medicare Medi-Cal CMSP Private Other:

Application Process: Call Drop-in Apply online Email Other:

Required Documents:

Typical Wait Time:

Area Served (cities, counties, states, or national):

Days & Hours:

Phone (type):

Phone (type):

Email:

Website:

Contact Person (updates):

Title:

Phone:

Email:

Keep confidential? Yes No

Volunteer Opportunities (include eligibility and application process):