

2-1-1 NorCal
Shasta, Siskiyou, Tehama and Plumas Counties
APPLICATION TO LIST OR REQUEST CHANGES

Thank you for taking the time to submit your organization's information to our vital community database.

- A fillable PDF file is available if you prefer to complete the application electronically. Please email **info@211norcal.org** for this form.
- Information will be input from this form into the database. Please help us successfully guide community members to you by submitting a complete and accurate application.
- Page 1, "AGENCY INFORMATION": Please carefully include **all** applicable information about your organization, including a main Contact Person (and email address) for future updates, and your Agency's Director, CEO, etc.
- Page 2, "PROGRAM/SITE INFORMATION": Please carefully include **all** applicable information about your program. Be sure to list **all** sites associated with each Program. (A program could include support groups, service, classes, reoccurring events, etc.)
- If your agency offers multiple programs/services, please copy page two and submit a page for each individual program.
 - In some cases, multiple programs can be listed on one page such as: 1. Services are all related (various counseling services and support groups, health care services, etc.). 2. If no more than two phone numbers are needed to contact the various programs.
 - If you are using the fillable PDF, open a second (blank) PDF and leave the first page blank. Only fill in the Program page.
- If you are requesting changes to a previous application please fill in agency/program name and any fields needing to be changed only.
- Please complete the listing application as soon as possible to avoid delays. We look forward to including your valuable services for our community!

If you have any questions, please email: **info@211norcal.org**.

2-1-1 NorCal: Shasta, Siskiyou, Tehama, Plumas County
APPLICATION TO LIST OR REQUEST CHANGES

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

AGENCY INFORMATION

Agency Name:

AKA (Former or popular names):

Agency Description (Brief summary):

Application for the following county (select all that apply):

Shasta ☐ Siskiyou ☐ Tehama ☐ Plumas ☐

Do you provide any additional services during Public Safety Power Shutoff (PSPS) or Disaster events? ☐ Yes ☐ No

If Yes, please describe services for each:

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):

☐ Non-Profit,
Incorporated

☐ Non-Profit,
Unincorporated

☐ Voluntary
Association

☐ Faith-based

☐ Private Practice

☐ Membership

☐ Coalition

☐ Cooperative

☐ Commercial

☐ City

☐ County

☐ State

☐ Federal

☐ Special District

☐ 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 and return in-person, by mail, or email to:

2- 1-1 NorCal / United Way of Northern California

3300 Churn Creek Road

Redding, CA 96002

Phone: 211 or 530-241-7521

Email: info@211norcal.org

2-1-1 NorCal: Shasta, Siskiyou, Tehama, Plumas County
APPLICATION TO LIST OR REQUEST CHANGES

(If requesting changes to listing, please fill in 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:

ADA Accessibility (check all that apply): ☐ American Sign Language (ASL) ☐ Braille ☐ Designated accessible parking spaces

☐ Fully accessible from entrance to all service areas ☐ Access limited - please describe:

☐ Service area not accessible for persons using mobility devices ☐ Site accessibility not applicable - No services at site

Transportation: ☐ Transportation provided ☐ Other:

Eligibility (Age, Gender, Income requirements):

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 (Roles, Eligibility, and Application process):

Please complete and return in-person, by mail, or email.

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