

2-1-1 NorCal
Shasta, Siskiyou, Tehama 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 group/service/class/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 questions, or need the fillable PDF version of the application, please contact **Hayley Huttenmaier at 530-949-5636 or info@211norcal.org**

2-1-1 NorCal: Shasta, Siskiyou, Tehama Counties 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):

Application for the following county (select all that apply)

Shasta

Siskiyou

Tehama

Does your agency provide services during Public Safety Power Shutoff (PSPS) events or Disaster events? Yes No

If Yes, please describe:

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
 3300 Churn Creek Road
 Redding, CA 96002
 Fax: 530-229-8048
 Email: info@211norcal.org

2-1-1 NorCal: Shasta, Siskiyou, Tehama Counties

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(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:

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: Close to bus stop 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 (include eligibility and application process):