

**2-1-1 NORCAL**  
**APPLICATION TO LIST OR REQUEST CHANGES**  
**Shasta, Siskiyou, Tehama County**

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 services, support groups, 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 Agency page blank. Only fill in the Program page.
- If you are requesting changes to a previous application, please only fill in agency/program name and any fields needing to be changed.
- Please complete the listing application as soon as possible to avoid delays. We look forward to including your valuable services for our community!

**Please complete both of the following 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](mailto:info@211norcal.org)

## 2-1-1 NORCAL 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

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:

Phone:

Agency 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:

## 2-1-1 NORCAL 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:

Volunteer Opportunities (Roles, Eligibility, Application process):

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):

Program Email:

Website:

Contact Person (updates):

Title:

Phone:

Email:

Keep confidential?

Yes  No