

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

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.
Return in-person, mail, fax, 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
Fax: 530-229-8048
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): <input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> Braille <input type="checkbox"/> Designated accessible parking spaces <input type="checkbox"/> Fully accessible from entrance to all service areas <input type="checkbox"/> Access limited - please describe: <input type="checkbox"/> Service area not accessible for persons using mobility devices <input type="checkbox"/> Site accessibility not applicable - No services at site		
Transportation: <input type="checkbox"/> Transportation provided <input type="checkbox"/> Other:		
Eligibility (Age, Gender, Income requirements):		
Languages Offered (other than English):		
Program Fees:	Sliding Scale? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Types of Insurance Accepted: <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal <input type="checkbox"/> CMSP <input type="checkbox"/> Private <input type="checkbox"/> Other:		
Application Process: <input type="checkbox"/> Call <input type="checkbox"/> Drop-in <input type="checkbox"/> Apply Online <input type="checkbox"/> Email <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer Opportunities (Roles, Eligibility, and Application process):		

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
 Phone: 970.244.7504