

United Way 2-1-1 Database Inclusion and Exclusion Form



Fill out this form if you would like to list your Agency in the 2-1-1 Information and Referral Database. This is a free service. You can also use this form to include additional services to your existing Agency Profile.

For further information please contact us by dialing 2-1-1 or 970-407-7066 or e-mail gkat@uwaylc.org

AGENCY INFORMATION

Agency Name: *(legal name of your agency)* **(Required)**

Mission: **(Required)**

Description of Agency: **(Required)**

Agency Type: **(Required)**

Commercial		Nonprofit		Gov - Federal		Other
Coalition		Educational		Gov - State		
Cooperative		Faith-based		Gov - County		
Service Club		Support Group		Gov - City		

Tax ID (Required) *(Not displayed to the public)*

Agency's date of creation/incorporation

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Agency Physical Site Address: **(Required)**

City:

State:

ZIP:

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Please keep physical address confidential

Mailing Attention to: _____

Mailing Address *(If different from Site Address)*

City:

State:

ZIP:

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Main Phone

Fax

Web Address:

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Director's First

Director's Last

Director's Position

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Director's Phone

Director's Email

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SERVICE INFORMATION: Please list and describe each one of the services provided by your Agency. Use another sheet if necessary. You may also use this space to list support groups.

Service Name:

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Description of Service:

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Service Physical Site Address:

(if different from Agency Address)

City:

State:

ZIP:

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Area Served: (include cities, counties) _____

Days and Hours of Operation: _____

Contact's First

Contact's Last

Contact's Phone

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Contact's Email

Contact's Fax

Contact's Position

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_____ **Check here if contact information is not for public view**

Service Main Phone:

Hotline Phone:

TDD Phone:

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Urgent Services Provided:

Emergency/After Hours Phone:

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Service Generic Email

Languages Spoken

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Facility/ADA Access:

Wheelchair Accessible		No Wheelchair Access		Elevators	
Visual Alerts		Special Accommodation by Appointment		Other	

Intake Procedure:

Telephone		Appointment Only		Other
Walk-In		Referral Only		

Intake Requirements: *(list documents needed if applicable)*

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Eligibility:

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Age Group: _____ Male _____ Female _____ Either _____

Driver's License: Required _____ Not Required _____ Other ID: _____

Income Requirements:

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Types of Fees	Fee Amounts	Payment Notes

Insurance Accepted:

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Capacity Limitations	Number of Openings	Wait List Yes/No

United Way 2-1-1 Database Inclusion and Exclusion Policy

United Way 2-1-1 Contact Center provides information and referrals on health and human services throughout 6 counties in Northwestern Colorado (Grand, Jackson, Larimer, Moffat, Rio Blanco and Routt) and is part of a statewide initiative. United Way 2-1-1's goal is to give community residents the information they need to move them towards stability and self-sufficiency. By utilizing the 2-1-1 Contact Center people are escorted through network systems of human service programs and community coordinated efforts. This process of community response ensures that systems work faster and better for those impacted by life changing events.

2-1-1 Contact Center is used as a catalyst to share information and to connect with services, as well as coordinated assessment strategies, community wide shared measurements, disaster preparedness and response activities and volunteer engagement opportunities.

United Way 2-1-1 is NOT responsible for the quality of service delivered by any organization to which the caller is referred. Inclusion does not imply recommendation or endorsement over other organizations.

It is preferred that Agencies demonstrate provision of service for a period of at least 6 months; unless the Agency is an affiliate of an already established organization or provides a much needed service not otherwise available in the community; and show evidence of an established service and legal status. They will be responsible for reviewing programs and services listings on a yearly base and updating the database as changes occur.

The 2-1-1 database is governed by the following inclusion and exclusion criteria. Organizations considered for inclusion will fit within the following criteria:

- The service provided by an Agency must be accessible to the public. Accessibility implies a sliding fee scale or reduced fee ensuring that services can be obtained by people who cannot afford private sector services. Inclusion of services available only to a limited target population will be determined on a case-by-case basis.
- Organizations which provide services in health, welfare, support, recreation, education or advocacy and are nonprofit corporations (with Internal Revenue Service 501(c) (3) status), or do not charge fees for service;
- Government agencies (federal, state, county, city) which provide services in the areas of health, welfare, support, recreation, or education may also be included. No attempt will be made to list all governmental agencies or departments;
- Organizations such as churches, social clubs, advocacy groups, self-help and support groups which offer a service to the community at large (rather than requiring membership in the organization).
- For-profit or Commercial organizations are considered on an individual basis. Inclusion is based upon uniqueness of service, lack of comparable services available through nonprofit agencies or groups, and degree of need for the service and the level of subsidized services available;

- All service providers must possess the legal accreditation, certifications or licenses required by law that enables them to offer services to the community.
- Organizations that are not eligible for 501(c)(3) status but meet all state licensing requirements including (but not limited to) hospitals, health clinics, agencies offering senior services, Office on Aging grantees, companion care agencies bonded and insured, home health care agencies that are Medicare and Medicaid certified, assisted living facilities, independent living facilities and long term care facilities that are licensed; subsidized senior apartments, private case managers whose practice is primarily focused on people 60 years or older, mental health professionals or community counseling organizations who offer a sliding fee scale or reduced fee, Personal Emergency Response Systems; Medicare HMO's and Estate Liquidator / Moving Assistance.
- Local educational organizations like early education, grade schools, public high schools and boards of education, private schools that serve children or youth with disabilities, behavioral disorders or special needs children.

United Way 2-1-1 reserves the right to edit information to meet format, guideline, and space requirements. Information provided by agencies may be made available to the public in various formats, website, newsletters, twitter, telephone information or resource directories without prior notification to the Agency.

United Way 2-1-1 reserves the right to refuse or discontinue listings for organizations that have had serious complaints lodged against them with any regulatory body or with United Way 2-1-1 or no longer meets the inclusion criteria including agencies that deny service on the basis of color, race, gender, religion, disability, organizations or groups practicing proselytism or whose services are illegal. As well as those alternative or experimental medical treatments provided outside of a medical facility without the supervision of licensed professionals.

Agencies listings will be removed from the database if the agency has not updated its program and contact information within a period of 2 years and has not responded to any form of update request from United Way 2-1-1. Agencies willing to be included again must re-apply by filling out this inclusion and exclusion form.

Once this form is received by United Way 2-1-1 it will be reviewed and a response will be sent to the inquirer whether accepted or not.

United Way 2-1-1 is not responsible for the quality of service delivered by any agency to which the caller is referred and does not guarantee client referrals to any service listed in the database.

AUTHORIZATION

I have reviewed the information listed on all services within my organization and hereby authorize the use of information on my organization for referrals generated by United Way 2-1-1.

Submitted by: _____ **Signature:** _____ **Date:** _____

Mail, or Fax this form to us at:

**United Way 2-1-1
424 Pine St. Suite 102
Fort Collins, CO 80524
Fax: 970-407-7011**

Email Notifications: United Way 2-1-1 gathers and distributes relevant information such as Program News, Resource Lists, Updates and Volunteerism. Please fill in the information below if you would like to be included in our **safe electronic distribution list**.

YES, send me electronic news to the following email addresses:
