



211 Alamo Region Call Center/United Way Help Line  
Agency Inclusion Form



Completed by \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

*\*We reserve the right to edit information for brevity, clarity and content.*

Agency Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*Please complete the following if your mailing address is different from your street address.*

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Abbreviated or Also Known As Name \_\_\_\_\_

Agency Director's Name \_\_\_\_\_

Agency Director's Title \_\_\_\_\_

Agency Type (Nonprofit, Education, Government etc.) \_\_\_\_\_

Agency Phone \_\_\_\_\_ TTY \_\_\_\_\_ Toll-Free \_\_\_\_\_

24-Hour or Emergency Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Website URL \_\_\_\_\_

Business Hours \_\_\_\_\_

Agency Mission Statement (Please be brief) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Funding Sources \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this facility accessible to Persons with disabilities? Yes or No \_\_\_\_\_

Is your agency located on a busline? Yes or No \_\_\_\_\_

**For questions, please contact Shirley Bal, United Way, (210) 352-7056. Fax completed forms to: (210) 298-5792**



211 Alamo Region Call Center/United WayHelp Line  
Program Inclusion Form



Please complete one form for each program / service offered by your agency or organization. **\*We reserve the right to edit information for brevity, clarity and content.**

Agency Name \_\_\_\_\_  
Completed by \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Program Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Program AKA name \_\_\_\_\_  
Phone \_\_\_\_\_ TTY \_\_\_\_\_ Toll-Free \_\_\_\_\_  
24 hour or Emergency Phone \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Website URL \_\_\_\_\_  
Hours/Days of Operation \_\_\_\_\_

Program Description (Please be brief) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Eligibility Requirements (list criteria required to obtain services, such as must be low income, age 65 and older, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fees \_\_\_\_\_

Intake Procedure \_\_\_\_\_

Does this program maintain a waiting list? \_\_\_\_\_

Average length of time between application process/receipt of services? \_\_\_\_\_

Languages Spoken (other than English, including sign language) \_\_\_\_\_

Service Area Description (Please list the area served by this program. If this program is available in certain zip code areas, please list them.)  
\_\_\_\_\_  
\_\_\_\_\_

Documents Required \_\_\_\_\_  
\_\_\_\_\_

Is this facility accessible to people with disabilities? Y/N \_\_\_\_\_ Is this program located on a bus line? Y/N \_\_\_\_\_

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## Memorandum of Understanding

Agency Name \_\_\_\_\_

*In addition to providing information via the telephone, the 211 Alamo Region Call Center, United Way Help Line will disseminate information in a variety of formats including, but not limited to, printed and on-line directories. To view our database on-line, visit us at [www.unitedwaysatx.org](http://www.unitedwaysatx.org) or [www.211texas.org](http://www.211texas.org). All of these formats are available to the general public as well as other organizations. Many organizations and individuals use this information to refer others to your organization and programs. **\*We reserve the right to edit information for brevity, clarity and content.***

This signed release form will be kept on file as an ongoing authorization that the Alamo AIC may provide information to the public regarding the services of your agency.

\_\_\_\_\_ **Yes, I hereby authorize the Alamo AIC** to utilize my organization's information for inclusion in any print or online publications of community resources. Information that is noted as confidential (such as physical location) will not be given to callers, nor will it be published in other formats.

\_\_\_\_\_ **No, the Alamo AIC does not have authorization** to print my organization's information in any print or online publication of community resources. The information will continue to be provided to individuals who call the Alamo AIC.

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_