



211 Texas/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 \_\_\_\_\_

Is this address confidential? \_\_\_\_\_ How long has your agency/organization been in operation? \_\_\_\_\_

**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 \_\_\_\_\_ Title \_\_\_\_\_

Agency Director's Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Agency Type (Nonprofit, For Profit, Private, City, State, Federal, etc.) \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return completed forms by email to [sbal@unitedwaysatx.org](mailto:sbal@unitedwaysatx.org) or by mail to: Shirley Bal, United Way of San Antonio & Bexar County, PO Box 898, San Antonio, TX 78293-0898**

**For questions, please contact Shirley Bal, United Way, (210) 352-7056.**



211 Texas/United Way Help Line  
Program Inclusion Form



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

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 of Operation \_\_\_\_\_

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

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

Eligibility Requirements \_\_\_\_\_

Fees \_\_\_\_\_

Intake Procedure:  By phone  Appointment Only  Online  Walk-in  Referral Required

Who must provide the referral? \_\_\_\_\_

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

Service Area Description *(Please include every city, county, or zip code this program serves)* \_\_\_\_\_

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

Is this facility accessible to people with disabilities?  Parking  Ramps  Wheelchair Access  Elevators  
 Restrooms  Unable to meet accessibility requirements

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## Memorandum of Understanding

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

*In addition to providing information via the telephone, the Alamo Area Information Center (AIC)/2-1-1 Texas, 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.

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

Title \_\_\_\_\_

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