



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 _____

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, Private, City, State, 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 people 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.

Email completed forms to: sbal@unitedwaysatx.org



211 Texas/United Way Help Line
Program Inclusion Form



Please **complete one form for each 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 _____

Program Description *(Please be brief)* _____

Contact Person _____ Title _____

Eligibility Requirements _____

Fees _____

Intake Procedure _____

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 _____

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

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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 or 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 _____