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 *Please return completed forms to:* *lnguyen@setrpc.org*

 *Resource Specialist, 2-1-1 Area Information Center of Southeast Texas, 2210 Eastex, Beaumont, TX 77703*

 *Phone: 211 (between 8 am – 4:45pm) FAX (409) 899-0823*

###### Please print or type information below

Office Use: (circle one) New Agency Changes to Existing Agency Date Entered & Initial

***Agency Name:***

***Physical Address: Mailing Address:***

 ***(Street) (Suite #) ( PO Box)***

 ***(City) (State) (ZIP) (City) (State) (ZIP)***

***Agency Phone: ( ) FAX: ( )***

***Toll-free: ( ) TDD/TTY: ( )***

***E-Mail Address: Web Site:***

***Agency Mission:***

***Funding Sources:***

***Days and Hours of Administrative Operation: (Example: Mon – Fri 8am – 5pm)***

***Person in Charge of Agency/Title: /***

***Type of Agency:(circle one)*** Non-Profit(501)(c)(3) Non-Profit (Other) For Profit Educational (Private) Education (Public) Government (City) Government (City/County) Government (County) Government (Federal) Government (State)

Government (Other) Religious Affiliated Other (Please explain)

***How long have you been in business? \_\_\_\_years \_\_\_\_months (required)***

***Is your agency licensed? (circle one) Yes No***

***Does your agency recruit volunteers? (circle one) Yes No***

***Do you want to be listed in our database as an organization that utilizes volunteers? (circle one) Yes No***

***Is your agency accessible for disabled? (Example: Hearing Impaired, Visually Impaired*** *(circle one)* ***Yes No***

***Is your agency wheelchair accessible? (circle one) Yes No***

***Does your agency accept donations? (circle one) Yes No***

**Please continue filling out this form by completing the program information on the back of this sheet.**

Please list each of your programs **separately**, **along with all information** **concerning each program in the spaces provided.**

**Continued, next page C-1**

**Agency Name: Date:**

Please list individual program information **separately**. Please make additional copies of this form if necessary.

***Name of Program/Service***:

***Address (if different from agency):***

 ***City: State: Zip Code:***

***Telephone Number: ( ) FAX: ( )***

***Toll-free Number: ( ) TDD/TTY: ( )***

***E-mail Address: Web Site:***

***Person In Charge of Program/Title: /***

***Days and Hours of Administrative Operation: (Example: Mon – Fri 8am – 5pm)***

***Geographic Areas This Program Serves: (Example: Jefferson County, Zip code #77703, etc)***

***Description of Services (include target group(s) served by each specific service):***

***Is this Program Accessible for Disabled? (Please choose one) Yes No Program Serves Client in their home***

***Is this Program Wheelchair Accessible? (Please choose one) \_\_\_ Yes \_\_\_ No \_\_\_ Program Serves Clients in their home***

***Fees: Yes No If yes, please specify: \_\_\_ Call for Information \_\_\_ Sliding Scale \_\_\_Flat Fee$***

 ***\_\_\_ Medicare Accepted \_\_\_ Medicaid Accepted***

***Languages Spoken:***

***Eligibility Requirements:***

***Special Documents Required:***

***Is Transportation Provided to this program or is Public Transportation nearby?***

Intake Procedure: (Check all that apply) \_\_\_Call for Information \_\_\_ Appointment Required \_\_\_Walk-ins Accepted

 \_\_\_Referral from:

***Name of Program/Service***:

***Address (if different from agency):***

 ***City: State: Zip Code:***

***Telephone Number: ( ) FAX: ( )***

***Toll-free Number: ( ) TDD/TTY: ( )***

***E-mail Address: Web Site:***

***Person In Charge of Program/Title: /***

***Days and Hours of Administrative Operation: (Example: Mon – Fri 8am – 5pm)***

***Geographic Areas This Program Serves: (Example: Jefferson County, Zip code #77703, etc)***

***Description of Services (include target group(s) served by each specific service):***

***Is this Program Accessible for Disabled? (Please choose one) Yes No Program Serves Client in their home***

***Is this Program Wheelchair Accessible? (Please choose one) \_\_\_ Yes \_\_\_ No \_\_\_ Program Serves Clients in their home***

***Fees: Yes No If yes, please specify: \_\_\_ Call for Information \_\_\_ Sliding Scale \_\_\_Flat Fee$***

 ***\_\_\_ Medicare Accepted \_\_\_ Medicaid Accepted***

***Languages Spoken:***

***Eligibility Requirements:***

***Special Documents Required:***

***Is Transportation Provided to this program or is Public Transportation nearby?***

Intake Procedure: (Check all that apply) \_\_\_Call for Information \_\_\_ Appointment Required \_\_\_Walk-ins Accepted

 \_\_\_Referral from:

***Continued, next page* C-2**

AUTHORIZATION

Please indicate that you have reviewed and/or made changes to the enclosed information currently listed on your organization in the 2-1-1 Resource Directory by signing below.

I hereby authorize the release of the enclosed information for publication (printed directories, on-line access, mailing labels, and specialized reports) that may be made available to organizations as well as the general public. I understand that many organizations and individuals use this information to refer others to our organization and programs based on the information that we have submitted. I also understand that the Area Agency on Aging reserves the right to edit the information to meet space requirements as well as include or exclude any organization at its discretion.

**Agency Name:**

**Authorized By: Signature:**

 **(Director of Agency)**

 **Name/Title:**

 **Phone:**

**Contact Person** we can call if we have questions or need additional information about the information that you have provided about your agency for the 2-1-1 Resource Directory.

**Contact Name: Phone:**

**Contact Title:**

**ATTENTION:** WHEN CHANGES OCCUR IN YOUR ORGANIZATION, (NAME CHANGES, ADDRESS OR PHONE

 CHANGES, DROPPING OLD PROGRAMS, ADDING NEW PROGRAMS, ETC.) **IT IS IMPERATIVE**

THAT YOUR CONTACT PERSON, OR OTHER AUTHORIZED REPRESENTATIVE NOTIFY THE

2-1-1 AREA INFORMATION CENTER OF SOUTHEAST TEXAS DATABASE COORDINATOR **AS SOON AS POSSIBLE SO YOUR INFORMATION WILL REMAIN CURRENT IN THE 2-1-1 DATABASE.** THIS INFORMATION IS UTILIZED BY MANY AGENCIES AND ORGANIZATIONS THROUGHOUT SOUTHEAST TEXAS WHO RELY ON THE 2-1-1 AREA INFORMATION CENTER OF SOUTHEAST TEXAS TO PROVIDE THEM WITH UP-TO-DATE INFORMATION. THIS MAY BE DONE BY CALLING 2-1-1 OR VISITING OUR WEBSITE AT [WWW.211.SETRPC.ORG](http://WWW.211.SETRPC.ORG) AND CLICKING THE LINK TITLED “CLICK HERE TO UPDATE YOUR AGENCY’S INFORMATION WITH 2-1-1”.

**PLEASE NOTE** THAT PUBLIC OR PRIVATE ENTITIES WHO RECEIVE STATE FUNDING TO

PROVIDE HEALTH AND HUMAN SERVICES ARE REQUIRED BY LAW, (Section 531.0312 of the Government Code SB 397, 76th Legislature) TO PROVIDE UPDATED INFORMATION ABOUT THEIR SERVICES TO THEIR LOCAL 2-1-1 AREA INFORMATION CENTER. THE 2-1-1 AREA INFORMATION CENTER OF SOUTHEAST TEXAS ASSISTS AGENCIES IN HELPING MEET THIS MANDATE BY SENDING OUT THIS YEARLY UPDATE REQUEST TO ALL AGENCIES CURRENTLY INCLUDED IN THE DATABASE.

**THANK YOU FOR YOUR TIME IN FILLING OUT THIS IMPORTANT INFORMATION.**

# Resource Specialist

**2-1-1 Area Information Center of Southeast Texas**

# 2210 Eastex Freeway

# Beaumont, TX 77703

 lnguyen@setrpc.org

# Phone: 211 (between 8am – 4:45pm) FAX: (409) 899-0823

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