

AGENCY APPLICATION

Inclusion Criteria

Does your organization provide services that you believe are appropriate for the 2-1-1 database

Yes No

Have you been in operation for at least six months? Yes No

Agency Information

Agency Name (Legal):

Is your agency also commonly known by another name or abbreviation

Parent Agency (If legally part of another organization, department, division, etc. please provide legal name):

Agency Description: (describe your agency in one or two sentences):

Agency Type:

Nonprofit: If Yes, what is your tax designation? 501(c)3 501(a) No formal designation Other:

Government/Public

Religiously Affiliated Organization (No formal legal designation)

Membership Organization (No formal legal designation)

For Profit/Proprietary

Agency Contact Information

Agency Website/URL:

Agency Email:

Is your physical address confidential?
 Yes No

Agency Physical Address:

City, State:

Zip:

Mailing Address is same as above

Agency Mailing Address:

City, State:

Zip:

Agency Administration Phone #:

TDD/TTY #:

Agency Administration Toll Free #:

Fax #:

Agency Senior Executive (Name & Title)

Phone:

Email:

Agency Primary Contact for 2-1-1 Updates (Name & Title)

Phone:

Email:

Administration Office Hours:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

What holidays does your agency close for?

SIGNATURE

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I AUTHORIZE THE VERIFICATION OF THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE. I UNDERSTAND THAT IN ORDER TO KEEP 211 SANTA BARBARA COUNTY DATABASE ACCURATE AND UP TO DATE, AGENCIES ARE ASKED TO INFORM 211 SANTA BARBARA COUNTY OF CHANGES TO THE AGENCY'S OPERATIONS WITHIN 30 DAYS AND TO PROVIDE CURRENT INFORMATION DURING OUR ANNUAL UPDATE PERIOD. I HAVE READ AND UNDERSTOOD THE 211 SANTA BARBARA COUNTY INCLUSION/EXCLUSION POLICY. APPLICATIONS WILL BE PROCESSED WITHIN 7 DAYS OF RECEIPT.

PRINT NAME:
DATE:

PHONE:

TITLE:

EMAIL:

SUBMIT APPLICATIONS VIA EMAIL, FAX, OR U.S. MAIL

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