

HelpLink 211 Agency Form

Agency Name

Program Name

Agency Director

Program Contact Name

Contact Name Email

Hours of Operation

Program Phone Number

Fax Number

Address

City/State/Zip

County(s) Served

Zip Code(s) Served

Ages Served

What are the qualifications for this service (i.e. income guidelines, disabled, veteran, etc.)

Is there a fee for services

What documents are required to receive assistance from this program

What are the intake procedures for this program (ie. walk-ins, phone call, etc)

Please write a service description about this program in the space provided below.

Signature

Date

Please, fill out this form and attach it to the United Way Report.

Thank You!