

IOWA STATE UNIVERSITY

Extension and Outreach

Healthy People. Environments. Economies.

WHERE SITE INFORMATION IS THE SAME AS AGENCY INFORMATION, PLEASE WRITE "SAME" IN APPROPRIATE SPACE ON PART 2 (SITE INFORMATION). TO CLARIFY THE DIFFERENCE BETWEEN AGENCY AND SITE--HERE IS AN EXAMPLE:
IOWA STATE UNIVERSITY EXTENSION IS AN AGENCY AND BOONE COUNTY EXTENSION OFFICE IS AN EXAMPLE OF A SITE.

ISU EXTENSION AND OUTREACH 2-1-1 DATABASE APPLICATION

PART 2: SITE INFORMATION

Please make copies of this application in order to complete one for each program your agency operates.

1. Site Name: _____
(please include Agency Name in parentheses after Site Name)

Location/Address refers to the actual physical location of your agency/site, while the *Mailing Address* will be used strictly for mailing labels.

2. Location/Address: _____
City: _____
State: _____ Zip: _____ County: _____

Mailing Address (if different from above):
Address: _____
P.O. Box: _____
City: _____
State: _____ Zip: _____

Also Known As (AKA) refers to a previous name (or any other name) the public would recognize as your organization.
3. Also Known As (AKA): _____

When filling out *Telephone Numbers*, please include a description (who/where) for any alternate phone numbers.

4. Telephone Numbers:
() _____ - _____ Main
() _____ - _____ TTY
() _____ - _____ _____ (Other)
() _____ - _____ Fax Number

5. Email: _____ Web Address: _____

6. Hours/Days: _____

Please provide an accurate and detailed description about your site and the services you offer to the community.

7. Program/Service Details: _____

8. What types of referrals would you like to receive? (i.e. utility assistance, rent assistance, home health care, gas money):

There may be a difference between *Person-in-Charge of Agency* (i.e. Executive Director) and *Person-in-Charge of Program* (i.e. Director, Supervisor).

9. Person-in-Charge of Program: _____
Title: _____

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Please indicate any participation limitations such as income, geographic location, age, gender, required referral, etc. If there are no *eligibility* restrictions to your program, please indicate by writing OPEN TO ANYONE.

10. Eligibility Criteria: _____

If there are no *fees* for your program, please indicate by writing NONE.

11. Fees: _____

12. Intake Procedures: Call for Appointment Walk-in Other: _____

13. Languages (those you can accommodate): _____

Indicate state(s), county(ies) and/or cities that your program serves. Please be as specific as possible, trying to avoid terms such as "Quad Cities and surrounding areas."

14. Geographic Area Served: _____

Please indicate a contact person responsible for coordinating volunteer opportunities within your program.

15. Volunteer Contact: _____ Phone/ext. _____

16. Distance to bus route (please circle number of blocks to route): 1 2 3 More than 3

17. Program waiting time:

- Less than 1 week Less than 1 month Less than 3 months Less than 6 months
 Less than 1 year 1 year or more Varies

18. Program type: (

19. Check those that apply:

- United Way Funded TTY/TDD Available Accepts Medicaid
 Handicapped Accessible Uses Volunteers Accepts Emergency Voucher
 Transportation Available Accepts Medicare

20. ISU E&O publishes various directories. If you do not want to have this information published, please check the box:

- No, I do not want this program information published at this time.

21. Is this program licensed or accredited? Yes No

If so, by whom? _____

If your program operates or meets *seasonally*, please indicate what *month and day* it starts and ends.

22. Seasonal Program:

Starting Date: ____ / ____ / ____ Ending Date: ____ / ____ / ____

23. Please designate a person ISU E&O 2-1-1 can contact for questions or updates regarding your program.

Contact Person: _____ Phone/ext. _____

24. Please sign and date:

Name: _____ Date: _____

Database eligibility for each agency/program will be determined by ISU E&O 2-1-1. Therefore, completion of this form does not guarantee inclusion in the 2-1-1 database. For a copy of inclusion/exclusion criteria, please contact ISU E&O 2-1-1.