

# Agency Authorization Form



I hereby authorize 2-1-1 Texas A Call for Help Community Resource Center to utilize my organization's information for information and referral purposes as well as inclusion in its database and all printed and electronic materials that it publishes.

**AGENCY LEGAL NAME** \_\_\_\_\_

**ALIAS OR FORMER LEGAL NAME** \_\_\_\_\_

(any acronyms/nicknames someone might refer to you by)

**Agency Director Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

➔ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Web Address** \_\_\_\_\_

We meet all the Federal, State and Local laws, requirements and regulations including fire, health and zoning codes. To the best of my knowledge all of the following information is true and correct.

## ORGANIZATIONAL STATUS

Please check the one answer that indicates your agency's organizational status:

Government       Non-Profit       For-Profit       Other (specify) \_\_\_\_\_

**Federal Employer's Identification Number**   -         
or  
**Texas Comptroller's Taxpayer Number**

Does your organization discriminate in providing service or volunteer opportunities based on race, ethnicity, sexual orientation or religion?     No     Yes    If yes, explain \_\_\_\_\_

## CONTACT INFORMATION (Who can we call if we have questions or need additional information?)

**Contact Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **E-mail** \_\_\_\_\_

→ Can this person's contact information be listed on our website as a public contact?     Yes     No

**Physical Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mailing Address** *if different than above* \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

ALL SERVICES LISTED MUST BE ACTIVE AND CURRENTLY RUNNING; NOT A VISION FOR THE FUTURE.  
Please attach pamphlets or flyers about your organization to aid in a better understanding of services provided.

**All information should be provided at your discretion.**  
**Please do not include any organization or program information that you do not want released to the public.**  
We reserve the right to format your information.

# Program (Service)/Site Information Form

If you offer multiple services or have multiple sites, please complete additional copies of this form. Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PROGRAM NAME** \_\_\_\_\_

**DESCRIPTION OF PROGRAM** (Please provide a brief explanation of the services offered.)

**ELIGIBILITY** Who is your target audience that can receive services? (CHECK ALL THAT APPLY & WRITE IN ADDITIONAL INFORMATION)

- No restriction – open to the public     Military / Veteran \_\_\_\_\_     Homeless \_\_\_\_\_  
 Age group \_\_\_\_\_     People with disabilities \_\_\_\_\_     Other \_\_\_\_\_

Other Criteria (list): \_\_\_\_\_

**AVAILABILITY** \_\_\_\_\_ times every \_\_\_\_\_ (number) \_\_\_\_\_ (days, weeks, months, years)    *example: 1 time every 30 days*

**LANGUAGES OFFERED** (CHECK ALL THAT APPLY)

- American Sign Language     English     Spanish     Others (List) \_\_\_\_\_

**PROGRAM FEES**

- None     Based on income/family size     Call for information  
 Flat fee: \_\_\_\_\_ (Sliding scale)     Other \_\_\_\_\_

**APPLICATION PROCESS / INTAKE PROCEDURE** (CHECK ALL THAT APPLY)

- Call for application.     Visit the website.     \_\_\_\_\_  
 Call to schedule an appointment.     Walk in to receive services.    \_\_\_\_\_

**DOCUMENTS REQUIRED** (CHECK ALL THAT APPLY)

- None     Proof of address     Valid identification  
 Application     Proof of income     Call for information  
 Birth certificate     Social Security card(s)     Other \_\_\_\_\_

**WEST CENTRAL COUNTIES COVERED BY THIS PROGRAM** (CHECK ALL THAT APPLY)

- |                                   |                                   |                                   |                                      |                                       |
|-----------------------------------|-----------------------------------|-----------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Brown    | <input type="checkbox"/> Eastland | <input type="checkbox"/> Kent     | <input type="checkbox"/> Runnels     | <input type="checkbox"/> Stonewall    |
| <input type="checkbox"/> Callahan | <input type="checkbox"/> Fisher   | <input type="checkbox"/> Knox     | <input type="checkbox"/> Scurry      | <input type="checkbox"/> Taylor       |
| <input type="checkbox"/> Coleman  | <input type="checkbox"/> Haskell  | <input type="checkbox"/> Mitchell | <input type="checkbox"/> Shackelford | <input type="checkbox"/> Throckmorton |
| <input type="checkbox"/> Comanche | <input type="checkbox"/> Jones    | <input type="checkbox"/> Nolan    | <input type="checkbox"/> Stephens    |                                       |

Other Counties Served by This Location (List) \_\_\_\_\_

**HOURS OF OPERATION**

- Sunday \_\_\_\_\_     Tuesday \_\_\_\_\_     Thursday \_\_\_\_\_     Saturday \_\_\_\_\_  
 Monday \_\_\_\_\_     Wednesday \_\_\_\_\_     Friday \_\_\_\_\_

**SITE ADDRESS / CONTACT INFORMATION**

- Location is confidential.    The site is accessible to people with disabilities.     Yes     No  
*(if confidential, please provide PO Box or Mailing Address)*

Physical Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address *if different from above* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

→ Can this person's contact information be listed on our website as a public contact?     Yes     No

Fax \_\_\_\_\_ TDD Number \_\_\_\_\_ Toll-free/Hotline \_\_\_\_\_



**2-1-1 TEXAS A CALL FOR HELP**  
PO Box 82 Abilene, TX 79604  
Phone 2-1-1 or (325) 673-8211 Fax (325) 676-7084