

# 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