

United Way 2-1-1



United Way of the Plains

It's *EASY* to list your agency in the 2-1-1 database!

Please use this checklist when sending in your forms.

- Complete the “Agency” form. Please fill in every field – if it is not applicable to your agency please put N/A.
- Copy the “Program” form as necessary depending on the number of programs your agency sponsors. Complete one form for each program. This form looks very similar to the “Agency” form, but it has additional important information. *(It's important to know the difference between agencies and programs, because sometimes both will have the same name! A **program** is a specific service - such as a work-training program for adults - whereas an **agency** is the organization that hosts the program.)*
- Please ensure that you accurately list all services provided by the program, as that is what our referrals will be based on. For example: A Food Pantry Program would list services such as – one weeks worth of food, hygiene items, diapers when available, etc and an Emergency Financial Assistance program would list services such as – rent, utility, funeral assistance, etc.
- Please enclose a copy of your agency’s 501(c) status (if applicable).

Mail to: **United Way 2-1-1 of Kansas**
 245 N. Water
 Wichita, KS 67202

Or Fax: **(316) 268-7745**

2-1-1 Data Form: AGENCY

Date: _____

INSTRUCTIONS: Complete all applicable information on this form. You may attach brochures or other documentation which may aid in a better understanding of services provided. Please type or print very carefully.

- **ATTACH a copy of your IRS 501(c) status (if applicable).**
- **MAIL TO: United Way 2-1-1 of Kansas, 245 N. Water, Wichita, KS 67202**



United Way of the Plains

Agency Name: _____

Address: _____

E-Mail/Website: _____

Mailing Address: _____

(if different) _____

Phone: _____ Alt. Phone: _____

Fax: _____ 24 hr or 8YY: _____

Person in Charge: _____ Title: _____

Contact Person: _____ Title: _____

**Communicates with 2-1-1 Resource Specialist for listing updates*

Hours: _____

Agency Type: (check one) Governmental Profit
Religious Private, Non-Profit
Volunteer Public, Non-Profit

Purpose:

Transportation Access:
(e.g. on bus line)

Barrier Free Access:
(e.g., on ground floor)

Population Served:
(e.g. Age 60+, Abuse Victims)

Area Served:
(e.g., Butler County)

Funding:
(e.g., Govt., donations)

Person Completing This Form: _____ Date: _____

(Signature)

2-1-1 Data Form: PROGRAM

Date: _____

INSTRUCTIONS: Complete all applicable information on this form. You may attach brochures or other documentation which may aid in a better understanding of services provided. Please type or print very carefully.



United Way of the Plains

• **MAIL TO: United Way 2-1-1 of Kansas, 245 N. Water, Wichita, KS 67202**

Program Name: _____

Fees: _____

Languages: _____

Intake Procedure: _____

Eligibility Requirements: _____

Services Offered: _____

(Please be as specific as possible when describing your services. Use additional sheets as necessary. NOTE –callers are referred to your program based on this description.)

It is only necessary to fill out the information below that is different than the AGENCY information.

Hours: _____

Person in Charge: _____ Title: _____

Address: _____

E-Mail/Website: _____

Phone: _____ Alt. Phone: _____

Fax: _____ 24 hr or 8YY: _____

Purpose:			
Transportation Access: (e.g. on bus line)		Barrier Free Access: (e.g., on ground floor)	
Population Served: (e.g. Age 60+, Abuse Victims)			
Area Served: (e.g., Butler County)			
Funding: (e.g., Govt., donations)			

Person Completing This Form: _____ Date: _____

(Signature)