

United Way of Northeast Kentucky 211 Agency Registration Form



Agency Name: *Legal name of the agency. Include AKA names (former, acronyms, etc.)*

Website

Phone number

Address

Alternate Phone/Fax/Toll Free

Address Line 2 (If applicable)

Days and Hours of Business/Operation:

City

State

Zip code

Is the physical address
confidential?

Yes

No

Person in Charge (Executive Director, Branch Director, etc.)

Phone:

Email:

Organization Type: Please indicate the legal status of your agency.

City/County (Parish)

Educational

Faith Based Non Profit

Federal

Non Profit

Private Individual

Private, Non Profit

Profit

Public Service

Religious

State

Volunteer

Other

Agency Description: Describe the general focus of your agency and the services provided.

Is your agency location handicap accessible?

Yes

No

Program Name: Please provide any names the specific program may also be known as in the community.

Program Description: Please describe the specific **services** provided and the population it serves. This information may or may not be published in the 2-1-1 Directory, so please be as comprehensive and concise as possible. Do not use abbreviations or acronyms. (*Note: United Way 2-1-1 reserves the right to edit as necessary for space consideration and consistency.*)

Hours of Program/Service Operation: (include specific days if applicable.)

Program Contact Person (person in charge of specified program.)

Phone:

Email:

.....
Areas Served: Please mark the communities that are served by your agency. Mark all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Boyd County | <input type="checkbox"/> Carter County |
| <input type="checkbox"/> Elliot County | <input type="checkbox"/> Greenup County |
| <input type="checkbox"/> Lawrence County (KY) | |
| <input type="checkbox"/> Other nearby county | |

Population: Does your program target particular groups?

Yes, please select all that apply No

Population: Does your program target particular demographic groups? If so, please specify. (i.e., At risk youth, senior citizens (60+), persons experiencing homelessness, etc.)

Eligibility Requirements: Does your program have specific requirements to qualify?

Yes No

If yes, please state eligibility requirements:

Does your program provide: Primary Services (services available to anyone in the community)
Secondary Services (only serve clients already involved in your programs)

Program Fees: Please indicate any fees for the program. (i.e., income-based sliding scale, fixed fees, free to those eligible, etc.)

Program Intake Procedure: (Walk-in, appointment only, please call for more information, etc.)

Insurance: Check all that apply

- Medicare
- Medicaid
- Military Insurance
- Private Insurance
- Other

Required Documents: if applicable

- Photo ID/Picture ID
- Proof of Income
- Social Security card
- Proof of residency
- Other

United Way of Northeast Kentucky thanks you for your part in making 2-1-1 a reality!

Person completing this form: _____ **Date:** _____

Print out, sign, and fax to (606) 325-8787, **ATTN: 2-1-1 Resource Coordinator**
For questions regarding this form or 2-1-1, contact UWNEK at (606) 325-1810

Note: By submitting this form, you give consent for your information to be posted on 2-1-1.