

2-1-1 Kern County is a program of Community Action Partnership of Kern/CAPK

Form A - ORGANIZATION INFORMATION FORM

Please use this form to describe your agency or organization's main administrative office.

1. Organization Name

2. Other names (such as AKA, acronyms, former names, etc.)

3. Organization type ___ Non-profit 501(c)(3) ___ Other Non-Profit ___ City Government
___ County Government ___ State Government ___ Federal Government ___ Educational
___ For-profit ___ Other _____

4. Person in charge of organization Name and Title

5. Person filling out forms Name _____
Phone # _____ Email _____

6. Physical address of agency (The "headquarters" address, where the administration is located) ___ Check here if physical location is confidential.

Street _____ Suite # _____

City State Zip _____

7. Mailing address (if different from physical address listed above)

Street/PO Box _____ City _____

State _____ Zip _____

8. Phone numbers for agency Main/Intake _____

Administrative _____

Toll-free Fax TDD _____ Other _____

9. Internet access E-mail _____

Web Site

http:// _____

10. Business days/hours (Please fill in hours for individual programs on Form B below)

11. **Brief description of organization's services** (Please use Form B below to provide a full description of services offered) – please use additional pages if required.

12. **Please identify whether the tax status of your organization is a:** 501(a), 501(c)(3), Registered Charity, Corporation, Limited Liability Company, Professional Corporation, and/or Doing Business As. _____

13. **Please identify your legal status of your organization? Is it:**

Non-Profit (Unincorporated) _____

Non-Profit (Incorporated) _____

Faith Based _____

Private Practice _____

Commercial _____

Federal Government _____

State Government _____

Municipal Government _____

Tribal _____

14. **If your business is commercial, please provide the year it was formed?**

15. **If there are volunteer opportunities at your organization, please provide the requirements and duties for the volunteer position(s) that are available?** _____

Form B – PROGRAM/SERVICES INFORMATION FORM

Please use this form to describe your organization’s services and programs.

Multiple programs: If your organization offers multiple services or programs, with different eligibility requirements, target groups, service areas, etc., please fill out one Form B for *each* service or program offered.

Multiple locations: If services are identical, but are offered at multiple locations, you may simply provide the contact information for *each branch* either on this form or on a separate sheet of paper.

1. Parent Organization name _____

2. Program name

3. Person in charge of program (Program Director, Program Coordinator, etc.)

Name and Title _____

4. Person filling out forms Name _____

Phone # _____ Email _____

5. Physical address of program ___ Check here if physical location is confidential.

Street _____

City _____ State _____ Zip _____

Travel instructions/location description (such as “corner of Congress Ave. and 6th St.” or “2 blocks east of I-35”)

What accommodations does this location provide to people with disabilities?

___ Designated parking ___ Indoor wheelchair access ___ Outside ramps ___

Elevators ___ None

Is this location on a bus line? ___ Yes ___ No **If yes, which bus line(s)?**

6. Mailing address for program (if different from physical address listed above)

PO Box/Street _____

City _____ State _____ Zip _____

7. Phone numbers for program Main/Intake _____

Administrative _____

Toll-free _____ Fax _____

TDD _____ Other _____

8. Internet access

Email _____

Web Site _____

http:// _____

9. Hours/Days of operation (Please indicate if service hours differ from office hours)

10. Eligibility (List criteria required to obtain services, such as “must have low-income and be over 65”)

11. Fees ___ Free (No fee) ___ Flat fee; please specify

Sliding scale; please specify eligibility and range

12. Health Coverage Accepts: ___ Medicare ___ Medicaid ___ CHIP

___ Private insurance ___ Self-pay

Other, please describe _____

13. Intake

___ Appointment required ___ Walk-ins accepted (without prior phone call)

___ Call for information ___ Referral required;

By whom? _____

Other, please describe _____

14. Documents required (Birth certificate, proof of residence, picture I.D., Social Security card, etc.)

15. Languages spoken by staff (other than English) ___ ASL ___ Spanish

Other: _____

Please list days/times bilingual staff are available

16. Does this program maintain a waiting list?

17. What is the average length of time between application process and receipt of services?

18. Program Transportation ___ Program provides transportation ___ Program will arrange for transportation ___ Program conducts home deliveries ___

Other _____

19. Geographic area served ___ Nationwide ___ Kern County ___ Part of Kern County

This 2-1-1 Kern County call center serves Kern County. If you serve only part of the county please indicate which cities you serve:

20. Please describe the primary services offered to anyone meeting your program's eligibility requirements and other

Criteria. (Please use additional paper if necessary; we want to provide callers with a complete and accurate description of the program)

BASIC NEEDS ASSISTANCE

If your organization, agency, or church provides services covering basic needs, please look through the list of services below and place a check next to those you provide.

Also indicate if these services are accessible on different days and at different times from your normal business hours, and/or if they have different eligibility criteria or intake procedures. Please mail this form back with your program/agency forms. Thank you for your help!

FINANCIAL ASSISTANCE

Hours: _____

Intake: ___ Call for appointment ___ Walk-ins accepted

___ Rent ___ Gasoline Assistance ___ Long-Distance Bus Tickets

___ Rental Deposit ___ Medical Bills ___ Motel Vouchers

___ 1st Month's Rent ___ Prescription Drugs ___ Criminal Background Check Fees

___ Mortgage ___ Eyeglasses ___ Cost of GED Test

___ Utilities (electric, water, gas) ___ IDs/Birth Certificates

___ Telephone Bill ___ Local Bus Passes (single-use)

___ Utility/Telephone Hookup Fees ___ Local Bus passes (monthly)

___ Other

FOOD ASSISTANCE

Hours: _____

Intake: ___ Call for appointment ___ Walk-ins accepted

___ grocery store vouchers, to be used for: ___ food ___ over-the-counter medicine

___ hygiene ___ food pantry onsite

CLOTHING ASSISTANCE

Hours: _____

Intake: ___ Call for appointment ___ Walk-ins accepted

___ clothing vouchers, to be used at

___ clothing closet onsite contains, depending on current stock:

___ baby clothing ___ diapers ___ children’s clothing ___ adult clothing

___ work clothing ___ work shoes/boots

___ other

FURNITURE ASSISTANCE

Hours: _____

Intake: ___ Call for appointment ___ Walk-ins accepted

___ furniture vouchers, to be used at

___ furniture, available onsite, depending on current stock:

___ beds ___ kitchenware ___ living room furniture ___ baby furniture ___ car seats

___ other

HOLIDAY SERVICES

___ **Holiday food baskets** ___ Thanksgiving ___ Christmas ___ Easter

Application process/

Eligibility criteria _____

Deadline to apply _____

When/how distributed _____

___ **Holiday meals** ___ Thanksgiving ___ Christmas ___ Easter

Time/Date _____

Eligibility criteria _____

Walk-ins accepted? _____

OTHER ASSISTANCE:

MEMORANDUM OF UNDERSTANDING

Organization Name

In addition to relaying information about your organization's services over the telephone, 2-1-1 Kern County may disseminate information in printed directories and publish in an online database. Many social service professionals and volunteers at churches, nonprofit organizations, schools, and government agencies use this information to refer their clients to your organization and programs. Please feel free to call us if you have concerns related to this form.

This signed release form will be kept on file as an ongoing authorization that 2-1-1 Kern County may provide information to the public regarding the services of the above-named agency.

___ **Yes, I hereby authorize** 2-1-1 Kern County to utilize my organization's information for inclusion in any print or online publications of community resources. Information that is noted as **confidential** on the agency/program forms (such as physical location) will not be given to callers, nor will it be published in other formats.

___ **No**, 2-1-1 Kern County **does not** have authorization to print my organization's information in any print or online publication of community resources. The information will continue to be provided to individuals who call 2-1-1.

Name _____

Title _____

Signature _____ **Date** _____