



2-1-1 Kern County, formerly HelpLine, is the multilingual, comprehensive community information and referral service for Kern County, California. People in need of information or assistance can simply dial 2-1-1 to be referred to the local resources for which they may be eligible. The local 2-1-1 office in Bakersfield, hosted by Community Action Partnership of Kern (referred to as the “CAPK,”) serves the entire Kern County area.

211 INCLUSION CRITERIA

Please review the inclusion criteria prior to submitting your information. If you find that you meet the criteria please fax the forms to 661-336-5219 or email it to sfuentes@capk.org.

2-1-1 Kern County maintains a resource database containing information about health and human service agencies and other community organizations in the county. Our database also contains information about organizations that do not provide direct services to the general public, but that serve as a resource for nonprofits and/or social service professionals.

INSTRUCTIONS FOR ORGANIZATION & PROGRAM FORMS

This packet includes four different forms. Please fill out the attached forms completely. Sending a brochure in addition to the form is appreciated, but does not substitute for filling out forms. We rely on the information you provide us to make **accurate referrals** to your organization. Please do not include information that is **confidential** or information that it is best for you to provide to individuals after they have contacted your organization.

Organization Information Form (Form A) Use this form to provide us with information about the agency or organization’s main administrative office/headquarters.

Program/Services Information Form (Form B) Use this form to describe the service(s) your organization offers. If the services provided can be described in a few sentences, and if they have identical or very similar eligibility requirements, services areas, and intake procedures, one Form B will be adequate. However, if services provided have their own eligibility criteria, etc., or if the organization has several

departments (like a city government office), please use a separate Form B for each service offered

Basic Needs Assistance

Please fill out this form if your agency provides services covering basic needs, such as providing financial assistance for food vouchers, utility bill payments, clothing, or other services.

Memorandum of Understanding Please sign in order to grant 2-1-1 Kern County permission to provide callers with information about your organization's services.

For **questions**, to receive these forms **via email, fax**, or to **mail** in your **forms**, please contact Resource Specialist:

Jennifer Jordan
211 Program Administrator
CAPK 2-1-1 Kern County
300 19th Street
Bakersfield, CA 93301
Office: 661-336-5236 ext. 4300
Fax 661-336-5219
or email: jjordan@capk.org

Sulma Fuentes
Senior Information and Referral Specialist
CAPK 2-1-1 Kern County
300 19th Street
Bakersfield, CA 93301
Office:661-336-5236 ext:4314
Fax 661-336-5219
or email sfuentes@capk.org

Thank you for taking the time to fill out these forms. We reserve the right to edit your information.