

New Agency Form Instructions

Please read **Inclusion/Exclusion Criteria for 2-1-1 Alameda County** (located at bottom of this document) before filling out the **New Agency Form**. When filling out the attached form, please include all information as indicated. If not applicable, indicate N/A.

Agency Name

Provide legal name of agency, along with name of person filling out form and date completed.

Address (es)

If agency address is primary, public, confidential or different from mailing address, indicate along with wheelchair accessible or not.

If mailing address is different from agency, space is provided to list that information.

Transportation

Provide public transportation information where applicable. If not necessary for service or other, please indicate.

Languages Other Than English

If other languages other than English are spoken, specify along with the hours available.

Services Agency Offers

Check all that apply.

Organization Type / Funding Sources / Agency AKA's / Target Groups

Check all that apply. If nonprofit, specify type along with nine-digit Tax ID number. Eden I&R, Inc. must receive along with New Agency Form, copy of letter from the IRS to verify status.

Person In Charge / Agency Update Contact

List person in charge of agency along with their title and email address. Indicate if the email is public or agency use only.

For agency update contact, list name and title along with phone number and email address in order to contact this person annually. Can also just indicate receptionist or whoever answers agency phone, but please clarify.

Primary Contact Information

This is for main contact information for the public. Main phone number, days, hours, TTY/TDD, FAX, agency email and URL if applicable.

Brief Agency Description

List what agency provides to the public along with main services offered.

Program Information that is Different From Agency

If programs offered are different from what the agency provides, make copies of page 3 for each program and complete information. Include program name, person in charge of program, program location, program phone number along with brief program/services description. Complete all sections on program form, and where not applicable (N/A), please indicate.

ANNUAL UPDATE

Through the Information Management Department, Eden I&R will provide by fax, mail or email, a comprehensive agency record annually for the purpose of reviewing and updating information on file in our database. At Eden I&R, Inc. we strive to give current, up-to-date, accurate referrals but we need the cooperation of all agencies to provide the public this information. Any questions, please contact the Information Management Department at 510 537-2710.

Eden I&R, Inc.

"linking people and resources"



570 B-Street - Hayward, CA 94541

Office 510-537-2710 - Fax 510-537-0986

Dial 211 or 888-886-9660

Free Information & Referrals in Alameda County

New Agency Form

Form Completed By _____		Date _____	
Agency Name _____			
Agency Street Address (Physical Location) _____		City _____	State _____ Zip _____
<input type="checkbox"/> Primary <input type="checkbox"/> Public <input type="checkbox"/> Mail only <input type="checkbox"/> Confidential		<input type="checkbox"/> Accessibility <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time	
Mailing Address(If different from above) _____		City _____	State _____ Zip _____
<u>Transportation</u> <input type="checkbox"/> AC Transit line(s) _____ <input type="checkbox"/> BART Station _____ <input type="checkbox"/> Not necessary for service <input type="checkbox"/> Other _____		<u>Languages other than English</u> _____ <u>Hours available</u> _____ _____ _____	
Does your agency offer any of the following services? Check all that apply			
<input type="checkbox"/> Health <input type="checkbox"/> Social Service <input type="checkbox"/> Consumer <input type="checkbox"/> Volunteer opportunity			
<input type="checkbox"/> Educational <input type="checkbox"/> Environmental <input type="checkbox"/> Disaster Resource <input type="checkbox"/> Other			
<u>Organization Type</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Private profit <input type="checkbox"/> Church affiliated			
<input type="checkbox"/> Community Based Organization <input type="checkbox"/> Other (describe) _____			
<input type="checkbox"/> Nonprofit -Specify type below including 9 Digit Tax ID number. Please provide copy of letter from IRS verifying status 501© _____ Tax ID # _____ - _____ Copy of status provided <input type="checkbox"/> Yes <input type="checkbox"/> No			
<u>Funding Sources</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fees <input type="checkbox"/> Grants <input type="checkbox"/> Donation <input type="checkbox"/> Other			
Explain: _____			
<u>Agency Common, Former or Also Known As Names(AKA's)</u>			
<u>Target Groups Served</u>			
<u>Person in Charge of Agency</u>			
Name& Title _____		<input type="checkbox"/> Public Ok <input type="checkbox"/> Agency Only	
<u>Email</u>		<u>Phone for Update Contact</u>	
<u>Person for Update Contact</u> Name& Title _____		<u>Phone for Update Contact</u>	
Email: _____		Fax: _____	



New Agency Form (continued)

Primary/Main Phone:		Days:	
TTY/TDD:		Hours:	
Fax:	Email:	URL:	

Brief Agency Description

Program Information (if any) that is Different from Agency

<u>Program Name</u>	<u>Person in Charge of Program</u> Name/Title		

<input type="checkbox"/> <u>Update Contact</u> (Phone or email info)	_____		
<input type="checkbox"/> <u>Program Location</u> (if different from agency address)	City	State	Zip
<u>Program Phone Number</u>	Days	Hours	
<u>Brief Program/Service Description</u>			

<u>How to apply</u> <input type="checkbox"/> Walk in <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Online <input type="checkbox"/> By appointment <input type="checkbox"/> Referral Necessary <input type="checkbox"/> Other, explain:			
<u>Wait for service</u> <input type="checkbox"/> No wait <input type="checkbox"/> Varies Other (specify):		<u>Wait to apply</u> <input type="checkbox"/> No wait <input type="checkbox"/> Varies Other (specify)	
<u>Payment Source</u> <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Private Insurance <input type="checkbox"/> Military Insurance <input type="checkbox"/> Vender/Voucher <input type="checkbox"/> Other		<u>Eligibility</u> <input type="checkbox"/> Age <input type="checkbox"/> Gender <input type="checkbox"/> Income <input type="checkbox"/> Residence <input type="checkbox"/> Explain _____	
		Fees: <input type="checkbox"/> Free <input type="checkbox"/> Flat fee <input type="checkbox"/> Sliding scale	
		Area Served: <input type="checkbox"/> Nationwide <input type="checkbox"/> Statewide <input type="checkbox"/> Countywide <input type="checkbox"/> Citywide (specify)	



New Agency Form

(continued)

If Agency has more than 1 program, please print more copies as needed

<u>Program Name</u>	<u>Person in Charge of Program</u>		
	Name/Title		

<input type="checkbox"/> Y <input type="checkbox"/> N	<u>Update Contact</u> (Phone or email info)		

Program Location(if different from agency address)	City	State	Zip
Program Phone Number	Days	Hours	
Brief Program/Service Description			

<u>How to apply:</u> <input type="checkbox"/> Walk in <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Online <input type="checkbox"/> By appointment only <input type="checkbox"/> Referral Necessary <input type="checkbox"/> Other, please explain			
<u>Wait for service</u> <input type="checkbox"/> No wait <input type="checkbox"/> Varies Other (specify)		<u>Wait to apply</u> <input type="checkbox"/> No wait <input type="checkbox"/> Varies Other (specify)	
<u>Payment Source</u> <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Private Insurance <input type="checkbox"/> Military Insurance <input type="checkbox"/> Vender/Voucher <input type="checkbox"/> Other		<u>Eligibility</u> <input type="checkbox"/> Age <input type="checkbox"/> Gender <input type="checkbox"/> Income <input type="checkbox"/> Residence <input type="checkbox"/> Explain _____	
		Languages _____ _____	
Fees: <input type="checkbox"/> Free <input type="checkbox"/> Flat fee <input type="checkbox"/> Sliding scale _____		Area Served: <input type="checkbox"/> Nationwide <input type="checkbox"/> Statewide <input type="checkbox"/> Countywide <input type="checkbox"/> Citywide (specify) _____	

Any other information, please list below

Submitted/Updated by: _____	Date: _____
Approved by: _____	Date: _____
Entered by: _____	Date: _____
Reviewed by: _____	Date: _____



570 B-Street - Hayward, CA 94541

Office: 510-537-2710 – Fax: 510-537-0986

Inclusion / Exclusion Criteria

2-1-1 Alameda County

Inclusion in the database means providing the public free information about available resources and services within the county. There is no fee for inclusion. By dialing 2-1-1, an I&R Specialist may refer callers to your agency after assessing a person's situation. 2-1-1 offers the daily county shelter availability, food pantry or meal information, referrals to low income housing or below market rate units (BMR), and much more. Needs vary from food and shelter to health and social services. 2-1-1 provides information 24 hours daily, is confidential and multilingual. The public can also access our database of resources by visiting www.211alamedacounty.org or www.edenir.org

INCLUSION

- Non-profit agencies, 501© (3) (4) or (6), that offer free or low cost services to the community
- Government agencies that provide or coordinate health, human and community based services
- Agencies that are not eligible for non-profit status, but provide health related services, accept Medi-Cal and/or Medicare
- Agencies, out of the county, that meet a need and are available through toll free hotline numbers
- Advocacy groups related to health and human service issues
- Community and self-help support groups
- Permanent local, state and federal disaster-related resources with a formal role in emergency response
- Private schools for special needs population
- Agencies offering a service not adequately provided by non-profit or governmental sectors or those agencies whose programs/services are either free or based on sliding-scale fees

EXCLUSION

- Agencies that misrepresent services in any way
- Agencies that do not provide a copy from the IRS Treasury Department stating non-profit 501© (3)(4) or (6) tax-exempt status when applicable
- Agencies with incomplete applications
- Agencies that do not update information annually by due date
- Agencies that do not contact Eden I&R, Inc. when information changes (phone number change, address change, services no longer offered, additional programs, etc.)
- Agencies that do not have an established address, phone and available contact person
- Agencies that deny services on basis of race, sexual orientation, religious belief, national origin, or that violate federal, state, or local laws or regulations
- Faith community-based programs that provide services only to congregation members
- Private practitioners or group practices of mental health providers, medical doctors, legal/paralegal providers, dentists, etc.

To insure equal access for all agencies, Eden I&R, Inc. has established this Inclusion/Exclusion Criteria and reserves the right of final determination and appropriateness of an agency for the database - inclusion is a privilege, not a right