

# Agency Survey: For-Profit Form



Please do not supply information not meant for the general public. Please ensure a copy of your business license is sent with your application.

## AGENCY LEGAL NAME

Other Names (acronyms, former names, etc.)

## BUSINESS PHYSICAL ADDRESS

(Please photocopy and complete a separate form for each additional branch or location)

**Is the physical address confidential?**    Yes    No

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Is the mailing address different from the physical address?** If yes, indicate mailing address below

**ADMINISTRATION HOURS:**    Mon:    Tues:    Wed:    Thurs:    Fri:    Sat:    Sun:

Additional information:

## CONTACT INFORMATION:

Agency Telephone Number:

Additional Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

TDD (Telecommunications Device for the Deaf) Number:

Organizational Web Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Director Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Other Contact Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide basic directions to your facility (indicate name of office complex, subdivision, etc.)

**SERVICES** (please list the services offered to anyone meeting your eligibility requirements (i.e. food pantry, shelter, transitional home, mentoring, tutoring, community clinic and counseling, etc)

All Services must be active and currently running. Please attach pamphlets or flyers about your organization to aid in a better understanding of services provided. List services that have different hours/days or special intake hours.

**SERVICE HOURS: Days:**    **Mon**    **Tue**    **Wed**    **Thu**    **Fri**    **Sat**    **Sun**    **Other (specify)**

Additional Information about service hours:

**ELIGIBILITY** who is eligible for your services?

**INTAKE** What are your intake procedures?

**REQUIRED DOCUMENTATION:**

**FEES** Please choose appropriate fee type:

No Fee	Straight Fee (specify)		Sliding scale fee	Other:
Payment subsidies accepted:	Medicaid	Medicare	AHCCCS	Private Insurance
Scholarships available				

**LANGUAGES** what languages are routinely spoken by your staff?

English only	Spanish	American Sign Language	Other (specify)
Do you distribute literature available in Spanish?	Yes	No	
Are Interpretation/translation services available?	Yes	No	

## SERVICE AREA

Please list the area(s) you serve:

This is the for-profit (non-501c3, non-government) agency form. For-profits must pay a fee of \$400 annually to join the 211 Arizona database, plus \$150 per additional location. We will send you an invoice.

**If your organization meets the criteria to be included in our written products or publications, do you wish to be considered for inclusion?**    Yes    No

**Do you wish to be included on our 211 Arizona website?**    Yes    No

**Is your business home-based or is there a separate facility from which you conduct business?**    Home-based    Separate facility

*We meet all the Federal, State and Local laws, requirements and regulations including fire, health and zoning codes. To the best of my knowledge, all of the preceding information is correct.*

Name: (please type) \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email or fax applications to:  
steve.eastwood@crisisnetwork.org  
Fax: 602-263-0979  
<https://211arizona.org/get-listed/>

Mail applications to:  
2-1-1 Arizona  
1275 W Washington St., Ste 102  
Tempe AZ 85281-1859

**IMPORTANT INFORMATION**

The information you supply is primarily for use by our Information & Referral Specialists (2-1-1 within Arizona or 877-211-8661) and by our web-based clients (www.211arizona.org). It may also be sold in printed directories, special reports and/or as mailing labels. The information in the database may also be made available on the Internet and in other printed or electronic formats. Many organizations and individuals use this information to refer others to your organization and program based on your information.

**Please do not include any organization or program information that you do not want released to the public. All information we request is option and should be provided at your discretion.**
  
**We reserve the right to edit your information.**

**MEMORANDUM OF UNDERSTANDING**

I have read the **IMPORTANT INFORMATION** at the top of this form.  
 I hereby authorize 211 Arizona to utilize my organization's information for inclusion in its Community Resources database and all printed and electronic materials that it publishes and/or sells to others.

For-profit Organization Name: \_\_\_\_\_

Executive Director (please print): \_\_\_\_\_

Title (if not Executive Director): \_\_\_\_\_

Signature: \_\_\_\_\_

Please provide us with the name and number of a contact person we can call if we have questions or need additional information.

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

In order for us to conduct a web-based annual review of your agency's information, we request that you provide us with a primary and secondary (if available) email address that will be used to allow your agency access to review, submit changes and/or add information annually as requested, as well as when you become aware of changes to your information. If at this time your agency does not have an email address, your annual update will be mailed to you.

No email at this time

Primary email: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Secondary email: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**211 Arizona Use Only**

Entered      Not Entered\*      Date: \_\_\_/\_\_\_/\_\_\_      Received: \_\_\_/\_\_\_/\_\_\_

\*Reason not entered: \_\_\_\_\_

Notified Submitter by: Letter    Email    Phone    Date: \_\_\_/\_\_\_/\_\_\_

Processed by: \_\_\_\_\_

Notes: \_\_\_\_\_