



Agency Application

Partner Profile

Inclusion Criteria

Does your organization provide services that meet the 211 San Joaquin County Inclusion/Exclusion Policy? To view the inclusion and exclusion policy, visit website www.211sj.org/partner. Yes ☐ No ☐

Have you been in operation for at least six months? ☐ Yes ☐ No

Agency Information

Agency name (Legal): _____

What other name or abbreviation is your agency commonly known by?: _____

Agency description (Describe your agency in one or two sentences): _____

Agency Type:

- ☐ Nonprofit: If yes, what is your tax designation? ☐ 501(c)3 ☐ 501(a) ☐ No formal designation ☐ Other: _____
- ☐ Government: ☐ State ☐ County ☐ City
- ☐ Religiously Affiliated Organization (No formal legal designation)
- ☐ Membership Organization (No formal legal designation)
- ☐ For Profit/Proprietary
- ☐ Other: _____

Describe your tax designation: _____

Agency Contact Information

Agency website/URL: _____

Agency email: _____

Agency address: _____

City: _____ State: _____ Zip code: _____

Is the location confidential? ☐ Yes ☐ No

Is the location accessible to individuals using mobility aids?

- ☐ Fully accessible to individuals using mobility aids
- ☐ Designated, accessible parking spaces
- ☐ Potential limitations to access – call for details
- ☐ Service area is not accessible

Is the mailing address the same as above? ☐ Yes ☐ No

If no, agency mailing address: _____

City: _____ State: _____ Zip code: _____

Agency main phone number: _____ Additional number: _____

Agency Toll-Free number: _____ TDD/TTY: _____

Agency Office Hours:

Mon-Fri:

Sat-Sun:

What holidays does your agency observed?:

Agency primary contact for 211 updates (Name & Title): _____

Phone: _____ Email: _____

*Agency Senior Administrator (Name & Title): _____

Phone: _____ Email: _____

*Not for public use

Person authorized to complete the application

I authorize the verification of the information provided on this form is true and accurate. I understand that in order to keep 211 San Joaquin's database accurate and up to date, agencies are asked to inform 211 San Joaquin of changes to the agency's operations within 30 days and to provide current information during our annual update period. I have read and understood 211 San Joaquin's inclusion/exclusion policy. Applications/Updates will be processed within 7 days of receipt.

Print Name and Title: _____ Date: _____

Phone: _____ Email: _____

Submit Application/Update form via Email or US Mail.

211 San Joaquin County
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