



San Joaquin County

Program Application

Program Information

Please complete and submit one form per program.

Agency name: _____

Program name: _____

Is this program commonly known by another name or abbreviation?

Program website (Only if different from the agency): _____

Program email: _____

Program phone number: _____ Additional number: _____

Program alternative number: _____ TDD/TTY: _____

Program description or primary services:

Required documentation at intake (i.e., Photo ID, SSN Card, Proof of income, etc.):

Program eligibility requirements:

Eligibility requirements based on residency (i.e., program only serves residents of a specific city or area):

Types of fees: ☐ No fees ☐ Sliding scale ☐ Call for details ☐ Insurance (List type of insurance: i.e. Medi-Cal, Medicare, Health Plan of San Joaquin, Health Net, Kaiser, Veteran's Benefit, Private Insurance, etc.):

Program Hours:

Mon-Fri:

Sat-Sun:

What languages are the service available in, and are translations and American Sign Language (ASL) services provided?

Intake Procedure: ☐ Telephone Intake ☐ Walk-in ☐ Call for an Appointment ☐ Referral Required ☐ Apply Online

Will the agency continue to operate during a Public Safety Power Shutoff (PSPS) event or during a long power outage?

☐ Yes ☐ No

If yes, does the agency offer additional services to those with Access and Functional Needs (AFN)? ☐ Yes ☐ No

If yes, please specify:

How many sites/locations offer this program? _____ If there is more than one site or location, list them all on the next page.

Program 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, program mailing address: _____

City: _____ **State:** _____ **Zip code:** _____

Site phone number and hours of operation (If different from program):

Please use form to list additional sites/locations. Include sites' phone number and hours of operation if different from program.

Site address (1): _____

Site phone number and hours of operation:

Site address (2): _____

Site phone number and hours of operation:

Site address (3): _____

Site phone number and hours of operation:

Site address (4): _____

Site phone number and hours of operation:

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
Family Resource Center
1776 W March Ln., Suite 140
Stockton, CA 95207
Email: 211sj@frcsj.org