



# Agency Application and Update Form

## Partner Profile

### Inclusion Criteria

Does your organization provide services that you believe are appropriate for inclusion in the 211 database, based on the 211 San Joaquin County Inclusion/Exclusion Policy? See 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 information
- 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: \_\_\_\_\_ Fax number: \_\_\_\_\_

Agency Toll-Free number: \_\_\_\_\_ TDD/TTY: \_\_\_\_\_

**Agency Office Hours:**

Monday: \_\_\_\_\_ Friday: \_\_\_\_\_

Tuesday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Sunday: \_\_\_\_\_

Thursday: \_\_\_\_\_

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 Applications/Update forms via Email or US Mail.

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