



Program Application and Update Form

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: _____ Program fax number: _____

Program alternative number: _____ TDD/TTY: _____

Program description or primary services: _____

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

Program eligibility requirements: _____

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

Types of fees: Free Sliding scale Call for fee information

Program Hours:

Monday: _____ Friday: _____

Tuesday: _____ Saturday: _____

Wednesday: _____ Sunday: _____

Thursday: _____

What languages are the service available in? _____

Intake Procedure: Telephone Intake Walk-in Call for Appointment Referral Required 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 more than one, please list all sites/locations.

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 information
- 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.

Program name: _____

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 information
- 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): _____

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 information
- Service area is not accessible

Is the mailing address the same the above? Yes No

If no, program mailing address: _____

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

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

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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Family Resource Center
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Stockton, CA 95206
Email: 211sj@frcsj.org**