

# AGENCY PROGRAM INFORMATION



**Instructions:** Complete all applicable information on this form. You may attach brochures or other documentation that will help give a better understanding of services provided. Please type or print.

Mail to: United Way 2-1-1, PO Box 91068 Mobile, Alabama 36691-1068

Date \_\_\_\_\_

Program Name \_\_\_\_\_ Agency Name \_\_\_\_\_

County(ies) Served:  Mobile  Washington  Clarke  Monroe  Choctaw

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Program Location/ Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail of Contact Person: \_\_\_\_\_ Website: \_\_\_\_\_

Hours/Days of Operations: \_\_\_\_\_

Fees \_\_\_\_\_ Eligibility \_\_\_\_\_

Intake Procedure \_\_\_\_\_

Eligibility Retirements \_\_\_\_\_

Services Offered (Please be as specific as possible when describing your services. Use additional sheets as necessary. Note: Callers are referred to your program based in this description)

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