

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)

