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| A picture containing text, clipart  Description automatically generatedUNITED WAY 211 PROGRAM FORM  |  |

Complete all applicable information on this form. You may attach brochures or other documentation which may aid in a better understanding of services provided. **EMAIL** completed form to: hpierce@unitedwayplains.org

Program Name:

Purpose:

Fees:

Languages:

Intake Procedure:

Eligibility Requirements:

Services Offered *(Be as specific as possible. Use additional space as necessary. NOTE – Callers are referred to your program based on this description.)*:

Handicap Access? o Yes o No Area Served (e.g., Butler County):

Funding (e.g., government, donations):

Only complete the information below that is different than the AGENCY information.

Hours:

Person in Charge: Title:

Address (Street, City, State, ZIP):

Email: Website:

Phone: Alt. Phone:

Fax: 24 hr or 8YY:

Person Completing This Form: Date: