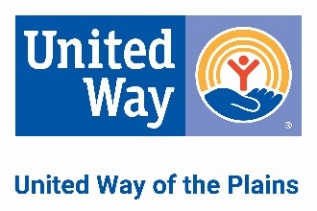
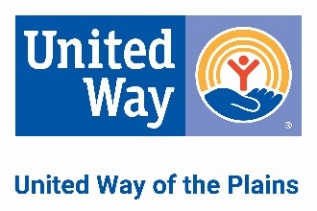
|  |  |
| --- | --- |
| A picture containing text, clipart  Description automatically generatedUNITED WAY 211 PROGRAM FORM |  |

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](mailto: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: