Program Name

Hours

<table>
<thead>
<tr>
<th></th>
<th>Service Hours</th>
<th>Office/Administrative Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
<td>_____ to _____</td>
<td>_____ to _____</td>
</tr>
<tr>
<td>Tues</td>
<td>_____ to _____</td>
<td>_____ to _____</td>
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<tr>
<td>Wed</td>
<td>_____ to _____</td>
<td>_____ to _____</td>
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<tr>
<td>Thurs</td>
<td>_____ to _____</td>
<td>_____ to _____</td>
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<tr>
<td>Fri</td>
<td>_____ to _____</td>
<td>_____ to _____</td>
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<tr>
<td>Sat</td>
<td>_____ to _____</td>
<td>_____ to _____</td>
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<tr>
<td>Sun</td>
<td>_____ to _____</td>
<td>_____ to _____</td>
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</tbody>
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What provisions are there for contacting staff in after-hours emergencies?

Languages
In what languages are services provided? (Indicate if available only at certain times and dialect, e.g. Cantonese rather than Chinese)

Fees and Forms of Payment
(Click all that apply)

- Free
- Donations requested $__________
- Fixed fee $__________
- Sliding scale $0 to $25 _______ or $25+__________
- Membership fee $__________ per _________
- Attendance at religious service
- Private insurance
  - Medicare
  - Champus
  - Work for service
  - Other
- Medi-Cal
- TRICARE
- Veterans Administration

To who are services targeted? (Please indicate any requirements or exclusions, such as age, family-structure, gender, ethnicity, income, etc.)

What area is served? (Indicate restrictions. Give city, zip code or other boundaries)

Who provides services? (Indicate professional credentials or degrees, if any)

If volunteers or interns provide service, who supervises them?

Court Approved? ☐ Yes ☐ No ☐ N/A

Is a certificate provided at completion of service? ☐ Yes ☐ No

Does the agency provide transportation? ☐ Yes ☐ No

Does the agency provide child care? ☐ Yes ☐ No

Does the agency make home visits? ☐ Yes ☐ No

What forms of documentation is required? (please indicate types required)

- ID_____________________________________________________________
- Proof of residence_______________________________________________
- Proof of income_________________________________________________
- Proof of age_____________________________________________________
- Other__________________________________________________________

How do people apply for service? (Click all that apply)

- Appointment preferred
- Appointment required
- Walk in for service
- Telephone to apply
- Walk-in to apply
- Telephone for service
- Write to apply
- Referral required from


Program and Service Description

Please describe the programs and services your agency provides. Indicate if the agency or its staff is licensed and by whom. Please distinguish between primary and secondary services; i.e. services available to new applicants as opposed to auxiliary services available only to people involved in the program. Please describe the geographic area served.

Mission statements and program goals are good descriptive tools, but also list the actual services people might access through the program. Please enclose organizational charts, brochures, or other materials that describe your program.

Please complete this section. Do not leave blank.

Please submit this form by email to ResourceMailingList@211LA.org. Forms may also be faxed to (626) 442-6940 or mailed to P.O. Box 726, San Gabriel, CA 91778. If you have any questions please call our Resource Department at (877) 463-6929, Monday through Friday. 8:00am to 5:00pm.