

211 L A COUNTY USE
ID _____
Date Rec'd _____
Date Ent'd _____
Ent'd By _____
IRS letter included _____

Agency Profile

(Check one)

Administrative Site

Satellite or Service Site

Legal Name

AKA/DBA (If Applicable)

Street Address

City _____ State _____ Zip Code _____

Mailing Address

City _____ State _____ Zip Code _____

E-Mail Address

Agency URL

Legal Status (Choose one)

Attach copy of IRS letter if non-profit

- | | |
|---|--|
| <input type="checkbox"/> Private, Non-profit | <input type="checkbox"/> Proprietary/For-profit |
| <input type="checkbox"/> Coalition/Other Group | <input type="checkbox"/> Faith-based Organization |
| <input type="checkbox"/> Foreign Government | <input type="checkbox"/> Individual/Group Practice |
| <input type="checkbox"/> Public-City | <input type="checkbox"/> Public-County |
| <input type="checkbox"/> Public-Federal | <input type="checkbox"/> Public-State |
| <input type="checkbox"/> Special District (specify) _____ | |

Phone Number(s)

() _____ - _____ ext. _____

Confidential? Yes No

(Click all that apply)

- | | | |
|--------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Admin | <input type="checkbox"/> Service | <input type="checkbox"/> Intake |
| <input type="checkbox"/> Fax | <input type="checkbox"/> Hotline | <input type="checkbox"/> Messages |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Talkline | <input type="checkbox"/> TTY |
| <input type="checkbox"/> After Hours | <input type="checkbox"/> Information Only | |

Other _____

() _____ - _____ ext. _____

Confidential? Yes No

(Click all that apply)

- | | | |
|--------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Admin | <input type="checkbox"/> Service | <input type="checkbox"/> Intake |
| <input type="checkbox"/> Fax | <input type="checkbox"/> Hotline | <input type="checkbox"/> Messages |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Talkline | <input type="checkbox"/> TTY |
| <input type="checkbox"/> After Hours | <input type="checkbox"/> Information Only | |

Other _____

Federal Employer I.D. number (EIN)

Tax Status (please attach a copy of nonprofit status, if applicable)

Year of Incorporation _____

Annual Budget _____

Licenses/Certifications

Licensed by Whom

Date Services Started (mm/dd/yy)

Funding (Click all that apply and specify department where appropriate)

- Client Donations
- Corporation/Foundation
- Emergency Food/Shelter Program
- Fees
- Grants
- Independent Fund Raising
- In-Kind Donations
- Membership Dues
- Other City Funding _____
- Other County Funding _____
- Other Federal Funding _____
- Other State Funding _____
- Special District _____
- United Way
- LAHSA
- SAMHSA
- First 5 LA

Access

Public transportation within 3 blocks?

Yes No

Closest major cross street:

Physical

Wheelchair access:

(Choose one) _____

(Click all that apply)

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Elevators | <input type="checkbox"/> Designated Parking | |
| <input type="checkbox"/> Hand Rails | <input type="checkbox"/> Ramps | <input type="checkbox"/> Wide Doors |
| <input type="checkbox"/> Bathrooms-Fully Accessible | | |

Communication

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> TTY | <input type="checkbox"/> Interpreters |
| <input type="checkbox"/> Signs for Goods and Services | |
| | Raised Letters |
| | Mounted as close as possible |

Program Name _____

Hours

Service Hours

Office/Administrative Hours

Mon _____ to _____ _____ to _____

Tues _____ to _____ _____ to _____

Wed _____ to _____ _____ to _____

Thurs _____ to _____ _____ to _____

Fri _____ to _____ _____ to _____

Sat _____ to _____ _____ to _____

Sun _____ to _____ _____ to _____

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 Medi-Cal TRICARE
- Medicare Vendor/Voucher Veterans Administration
- Champus Work for service
- Other _____

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

Name of Administrator/Director _____
Title _____
E-Mail Address _____

Agency Contact
Name _____
Title _____
Phone No. () _____ - _____

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.