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| **AGENCY APPLICATION/UPDATE FOR 2-1-1 VENTURA** | | | | | | | |
| **AGENCY INFORMATION** | | | | | | | |
| **Inclusion Criteria** | | | | | | | |
| Does your organization provide services that you believe are appropriate for inclusion in the 2-1-1 database, based the 2-1-1 Ventura County Inclusion/Exclusion Policy (available at www.211ventura.org)?  Yes  No | | | | | | | |
| Have you been in operation for at least six months?  Yes  No | | | | | | | |
| **Agency Information** | | | | | | | |
| Agency Name (Legal): | | | | | | | |
| Is your agency also commonly known by another name or abbreviation: | | | | | | | |
| Parent Agency (If legally part of another organization, department, division, etc. please provide legal name): | | | | | | | |
| Agency Description: (describe your agency in one or two sentences): | | | | | | | |
| Agency Type:  Nonprofit: If Yes, what is your tax designation?  501(c)3  501(a)  No formal designation  Other:  Government/Public  Religiously Affiliated Organization (No formal legal designation)  Membership Organization (No formal legal designation)  For Profit/Proprietary | | | | | | | |
| **Agency Contact Information** | | | | | | | |
| Agency Website/URL: | | | | | Agency Email: | | |
| Is your physical address:  A confidential location Yes  No Wheelchair accessible Yes  No | | Agency Physical Address : | | | City, State: | | Zip: |
| Mailing Address is same as above | | Agency Mailing Address : | | | City, State: | | Zip: |
| Agency Administration Phone #: | | | | | TDD/TTY #:       Fax #: | | |
| Agency Senior Executive (Name & Title) |  | | Phone: | | | Email: | |
| Agency Primary Contact for 2-1-1 Updates  (Name & Title) |  | | Phone: | | | Email: | |
| Administration Office Hours:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday | | | | What holidays does your agency close for? | | | |

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| **PROGRAM INFORMATION**  **(Please submit one Program Application per program)** | | |
| Agency Name: | | Program Name: |
| Is this program commonly known by another name or abbreviation? | | |
| Program Website/URL (only if different than agency): | | Program Email Contact: |
| **Program Description/Primary Services**  *Maximum of 100 words.* |  | |
| Name(s) of the sites/locations offer your program?       ,       ,       ( i.e. Oxnard Office, Simi Valley Office)  ***Please include address information about each physical location(s) in the Program Site form below.*** | | |
| Intake Procedure:  Telephone Intake Walk-In Call for Appointment  Referral Required Other: | | |
| Documentation Required at Intake: (i.e. ID, SS card, Proof of Income etc.) | | |
| Program eligibility requirements (i.e. must be 18 years old or younger):  Is this service available to all Ventura County residents or is it only available to residents of a specific area?  All Ventura County residents  Residents of a specific city/cities only:  Residents of a specific zip code(s) only: | | |
| Fees *(check all that apply)***:**  No Fee  Sliding Scale fee $       to $       based on  Set program fee:  Fees vary from       to       based on | | Accepts Medi-Cal  Accepts Medi-Care  Accepts most insurance  Membership fee $       per |
| Program Hours:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday | | |
| Service is available in:  English Spanish Other:        Interpreter Services Available *(list languages)*: | | |
| **PHONE NUMBERS** | | |
| Main Program Phone #:  Other Phone # (if different from Main):       Purpose of other phone (i.e. Afterhours 5pm-8am):  Fax # *(if needed for intake)*:       TDD/TTY Phone #: | | |

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| **PROGRAM SITE 1 INFORMATION**  **(Please submit one Site Application for each physical location where services are offered)** | | | |
| Site Name (This is the name of the physical location. It can be specific – i.e. ABC Family Resource Center – or general – i.e. Oxnard Office) : | | | |
| Is this location:  A confidential location  Yes  No  Wheelchair accessible  Yes  No | Physical/Street Address: | City, State: | Zip: |
| Mailing Address same as physical address | Mailing Address: | City, State: | Zip: |
|  | | | |
| **PROGRAM SITE 2 INFORMATION**  **(Please submit one Site Application for each physical location where services are offered)** | | | |
| Site Name (This is the name of the physical location. It can be specific – i.e. ABC Family Resource Center – or general – i.e. Oxnard Office) : | | | |
| Is this location:  A confidential location  Yes  No  Wheelchair accessible  Yes  No | Physical/Street Address: | City, State: | Zip: |
| Mailing Address same as physical address | Mailing Address: | City, State: | Zip: |
|  | | | |
| **\*\* Submit additional PROGRAM SITE INFORMATION pages as needed.** | | | |

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| **SIGNATURE** | |
| **I VERIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE.**  **I AGREE THAT, IN ORDER TO KEEP THE 2-1-1 VENTURA COUNTY DATABASE ACCURATE AND UP TO DATE, MY AGENCY WILL INFORM 2-1-1 VENTURA PROMPTLY REGARDING CHANGES TO AGENCY OPERATIONS THAT MAY IMPACT 2-1-1 REFERRALS.**  **I AGREE TO PROVIDE UPDATED AGENCY INFORMATION AS REQUESTED BY 2-1-1 (i.e. during the annual 2-1-1 update cycle).**  **I HAVE READ AND UNDERSTOOD 2-1-1 VENTURA COUNTY’S INCLUSION/EXCLUSION POLICY.** | |
| **PRINT NAME:** | **PHONE:** |
| **TITLE:**  **DATE:** | **EMAIL:** |

***SUBMIT APPLICATIONS/UPDATES VIA EMAIL, FAX, OR U.S. MAIL***

*APPLICATIONS/UPDATES WILL BE PROCESSED WITHIN 7 DAYS OF RECEIPT.*

**2-1-1 Ventura County / Interface Children & Family Services**

**4001 Mission Oaks Blvd., Suite I, Camarillo, CA 93012**

**(805) 485-6114 • (805) 983-0789 fax**

[**211@icfs.org**](mailto:211@icfs.org) \* [**www.211ventura.org**](http://www.211ventura.org)