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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 [ ]  NoWheelchair 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:      |
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| **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:      |
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| **\*\* 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** \* [**www.211ventura.org**](http://www.211ventura.org)