



United Way 2-1-1 is a toll-free services for providing social service referrals. 2-1-1 can also be accessed via internet www.211kansas.org.

INSTRUCTIONS:

Complete all applicable information. You may attach brochures or other documentation which may aid in a better understanding of services provided.

1. Complete the **Agency** form.
Please fill in every field – if it is not applicable to your agency please put N/A.
2. Complete the **Program** form. Complete one form for each program.
*A **program** is a specific service - such as a work-training program for adults - whereas an **agency** is the organization that hosts the program.*
3. Referrals are based on the information that you provide, so please ensure that you accurately list all services provided.
For example: A Food Pantry Program would list services such as – one week's worth of food, hygiene items, diapers when available, etc and an Emergency Financial Assistance program would list services such as – rent, utility, funeral assistance, etc.

Please enclose a copy of your agency's 501(c) status (if applicable).

Mail to:
United Way 2-1-1 of Kansas
245 N. Water
Wichita, KS 67202

Or Fax: (316) 268-7745



AGENCY INFORMATION FORM

Date

Agency Name

Address

Mailing Address
(if different)

General E-Mail

Website

Fax

Phone

Alt. Phone

Hours of operation

Person in Charge

Title

211 Contact Person

Title

Agency Type

- Governmental Profit
- Religious or Private Non-Profit
- Volunteer or Public Non-Profit

Agency Access

Transportation Access (e.g. on bus line)
Barrier Free Access (e.g., on ground floor)

Agency Purpose

Population Served (e.g. Age 60+, Abuse Victims)
Area Served (e.g. Riley County)
Funding (e.g., Gov., donations)

Name (print)

Signature



PROGRAM INFORMATION FORM

Program Name

Agency Name

Services Offered

Hours of operation

Fees

Eligibility Requirements

Languages

Intake Procedure

Complete if *different* than the AGENCY form.

Address

Mailing Address
(if different)

General E-Mail

Website

Phone

Alt. Phone

Person in Charge

Title

211 Contact Person

Title

Program Access

Transportation Access (e.g. on bus line)

Barrier Free Access (e.g., on ground floor)

Please be as specific as possible when describing your services. Use additional sheets as necessary. Callers are referred to your program based on your description.

Name (print)

Signature