Contact Helpline/Southern Kentucky 2-1-1
Agency/ Program Registration Form

AGENCY INFORMATION

Official Organization Name:

Also Known As: (AKA, Alias, Acronym, Short name):

Physical Address- Confidential Y ☐   N ☐:

City:	State:	Zip:
Organization Email:	**ADA accessible? YES ☐ NO ☐**	
Organization Website:	**Phone:**	
TTY:	**Toll Free:**	
Fax:	**Other Contact Details:**	

Mailing Address (If Different):

City:	State:	Zip:

Agency Main Office Hours:

Description of Agency (brief 1-2 sentence):

Legal Status (Check One): ☐ **Nonprofit**   ☐ **Government**   ☐ **Faith Based**   ☐ **Commercial**   ☐ **Other**

AGENCY DIRECTOR/ ADMISSION INFORMATION

Name:	Title:
Phone:	**Email:**

ADMINISTRATIVE CONTACT PERSON (required) – Please provide us with someone for us to contact with questions about this form and to request updates from. This information is not made available to the public.

Name:	Phone:
E-mail:	**Fax:**

I hereby certify that the above named agency meets one of the following criteria (check all that apply):

☐ Be a non-profit agency, support group or governmental agency local, county, state, federal)

☐ Provides contracted services for a county or state organization _____

☐ Offer direct services to the residents of Allen, Barren, Breckinridge, Butler, Edmonson, Grayson, Hardin, Hart, Larue, Logan, Meade, Metcalfe,
    Monroe, Simpson, or Warren County

☐ For profit agencies are considered for inclusion if they provide a unique human service which is not duplicated by a non-profit agency.

These agencies must accept Medicare (Medical assistance insurance) and/or have a sliding fee based on the client's "ability to pay"

In addition to providing information about your organization's services over the phone. CONTACT helpline disseminates information in printed directories and online database. Many social service professionals and others use this information to refer their clients to your organization and programs. Please feel free to call us at 717-652-4987 if you have concerns or questions.

Name of Person Providing Information:	Date:

PROGRAM INFORMATION

Program name:

Physical Address (if different from Agency Address) - Confidential? Y ☐ N ☐:

City:	State:	ZIP code:

Program Description (Fully describe the primary services offered to anyone meeting eligibility requirements. Note: Callers referred based on your description.)

Eligibility:

Program Hours:

Is the site ADA accessible? Y ☐ N ☐	Documentation Needed:

Fees (sliding scale? Insurance? Dues? Donations?) :

Intake (How does someone become involved? What should they bring? Telephone, walk-in? Appointment required?) :

Languages other than English available:

County served:

Waitlist: YES ☐   NO ☐

PROGRAM INFORMATION

Program name:

Physical Address (if different from Agency Address) - Confidential? Y ☐ N ☐:

City:	**State:**	**ZIP code:**

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Eligibility:

Program Hours:

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Fees (sliding scale? Insurance? Dues? Donations?) :

Intake (How does someone become involved? What should they bring? Telephone, walk-in? Appointment required?) :

Languages other than English available:

County served:

Waitlist: YES ☐ NO ☐

Program name:		
Physical Address (if different from Agency Address) - Confidential? Y ☐ N ☐:		
City:	**State:**	**ZIP code:**
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Eligibility:		
Program Hours:		
Is the site ADA accessible? Y ☐ N ☐	**Documentation Needed:**	
Fees (sliding scale? Insurance? Dues? Donations?) :		
Intake (How does someone become involved? What should they bring? Telephone, walk-in? Appointment required?) :		
Languages other than English available:		
County served:		
Waitlist: YES ☐ NO ☐		