City of El Paso Department of Public Health
2-1-1 Texas Rio Grande Region Area Information Center

AGENCY INFORMATION FOR THE 2016 RESOURCE DATABASE:
ORGANIZATION APPLICATION FORM

ORGANIZATIONS WISHING TO BE INCLUDED IN THE RESOURCE DATABASE FOR THE 2-1-1 TEXAS RIO GRANDE AREA INFORMATION CENTER (RGAIC) MUST:

- Meet one or more of the inclusion criteria (see attached document: Policy - Inclusion Exclusion Criteria) AND
- Complete and submit a completed Organization/Program Form to the Supervisor of Rio Grande Region Area Information Center.

The Organization/Program Form has two parts:

- o **Part A: Organizational Information** – This information is for the organization's main administrative office ONLY.

- o **Part B: Program Information** – This information describes the service(s) your organization offers to the public and what will be shared with callers requesting information and referrals from 2-1-1. *Please feel free to make as many copies of this section of the application as needed to describe all your programs.*

  You will need to fill out more than one form IF:
  - ✓ Your organization has multiple services, with <u>different</u> eligibility requirements, target groups, service areas, etc.
  - ✓ Your organization has services at more than one location. Fill out an additional form for each site location for each program that your organization offers. This is required since each site has its own address, phone number(s), service area, person-in-charge, etc.
  - ✓ **Do not include** information that is confidential or information that is best provided to individuals AFTER they have contacted your organization.

- Please make a copy of the completed forms submitted to 2-1-1 for your files.

- Program brochures are appreciated and helpful for staff, but they do not substitute for the completed Organization/Program Form.

RETURN YOUR COMPLETED FORMS (WITH SIGNATURE) TO:

FAX your completed forms to 2-1-1: Fax # **(915) 212-0166.**
    OR
EMAIL: Margie Resendez, RGRAIC Supervisor at margie.quijano@elpasotexas.gov
    OR
MAIL TO: 2-1-1 Texas Rio Grande Region Call Center Resource Coordinator, 5115 El Paso Drive, El Paso, Texas 79905.

If you have any questions, please contact 2-1-1 RGAIC Call Center Resource Coordinator, Margie Resendez at (915) 212-6630

IMPORTANT INFORMATION

Information provided to the RGAIC database may be reproduced, sold in a printed directory format, directory on disk, disk for the Texas Information and Referral Network, and as mailing labels. Also, as a designated Area Information Center (AIC), the Rio Grande Region AIC will make available the information from the database on the Internet. All of these formats are available to other organizations and the general public. Many organizations and individuals use this information to refer others to your organization and programs based on your information. Please do not include any organization or program that you do not want released to the public.

All information we request is optional and should be provided at your discretion. We reserve the right to edit your information. Please be sure to notify 2-1-1 of any program changes.

2-1-1 Texas - Rio Grande Area Information Center
Database Organization Application
2016

> Please type or print clearly so we can record your information accurately. You must also fill out **Part B** (Program Information) for **each** service and **site** your organization offers. We reserve the right to edit your information. Please be sure to notify 2-1-1 of any program changes.

PART A: ORGANIZATIONAL INFORMATION:

1. Organization's Name: _____   Year Established: _____

2. Organization Type: ___ Non-profit (501c3) ___ Other Non-profit ___ Governmental ___ For Profit

3. Contact Person: _____Title:_____
    Email:_____Phone:_____
    (A person in authority we can call to clarify or request additional information.)

4. Physical Address of Organization's Administrative Offices: (Check here ___ if physical location is confidential and provide P. O. Box mailing address.)

    Street:_____Suite No.:_____

    City:_____State_____Zip Code_____

    P. O. Box:_____City:_____State:_____Zip Code:_____

5. Is this location accessible to the disabled? ___ Yes   ___ No   Wheelchair accessible: ___ Yes ___ No

6. Person in charge of the entire organization (Executive Director, President, Administrator, etc.)
    Name:_____ Title:_____
    Email:_____ Phone:_____

7. Telephone numbers and Internet access for organization:

    Main telephone #:_____   Toll free telephone #:_____

    TDD (for deaf and hearing impaired individuals):_____

    Fax:_____   Web Site:_____

8. Days/Hours of Operation: _____

I hereby authorize the RGAIC to utilize my organization's information for inclusion in its Community Resources Database and grant RGAIC permission to include my agency in the directory of services when printed for distribution and/or posted on the 2-1-1 Internet website.

_____   _____
Signature of Authorized Person   Print Name of Authorized Person

_____   _____
Official Title   Date

PART B: PROGRAM INFORMATION:

Make copies of this section of the form before completing. You will need to fill out more than one PART B, IF:
- ✓ Your organization has multiple services, with different eligibility requirements, target groups, service areas, etc.
- ✓ Your organization has services at more than one location (one form for each location).

Please type or print clearly.   Date Part B completed: _____

1. Organization Name:_____
   This is the only organizational information to be put on this form. All else is for your programs and services.

2. Program Name: _____
   If there is no official name for program, please use a descriptive service name such as day care or social services, etc.

8. Person in charge of program: _____Title:_____

   Email:_____Phone:_____

4. Physical address of program: (If physical address of location is confidential, please provide P. O. Box mailing address.)

   Street: Suite #:   City: State: Zip:_____

   P. O. Box: City: State: Zip:_____

5. Is this location accessible to the disabled? ___ Yes   ___ No   Wheelchair accessible: ___ Yes   ___ No

6. Telephone numbers and Internet access for organization:

   Main telephone number:(____)_____ TDD:_____

   Toll free number:_____ Intake number:_____

   Fax:_____Website:_____

7. Days and hours program is open for business: _____

8. Is this program licensed or accredited: ___ Yes ___ No
      If YES, name the licensing/ Accrediting agency: _____

9. Populations Served: ___ All ___ Female ___ Male ____ Infants ___ Children ___ Teens ____ Adults

10. Ages Served: ____ to _____

11. Fees: ___ None ____ Sliding scale ___ Based on: _____
    Other:_____

12. Other eligibility restrictions:_____
_____

13. Accepts: ___ Medicaid ___ Medicare ___ Private Insurance/HMO/PPO ___ Credit cards ___ Checks

14. Intake: (Check all that apply): ___ Appointment required ___ Walk-ins accepted ___ Call for information

    Other (explain): _____

15. Documentation required: _____

16. Languages Spoken by Staff (other than English): _____

17. Service Area(s): (List cities, counties, school districts, etc. Also specify zip codes served if only PART of a city is served.) _____

    _____

18. Transportation: ___ No fee ___ Fee ($ ____)
    Bus route(s): _____

19. Funding Sources: (Check all that apply). : ___ United Way ___ Private Grants

    ___ Menbership Dues ___ Individual fees ___ Special Events

    ___ Governmental (City ___, County ___, Federal ____)

20. Will your agency be assisting with disaster response or services for disaster relief. Yes ____ No ____
    If Yes, please be sure to add all disaster services your agency will provide in the desription below.

21. BRIEF DESCRIPTION OF SERVICES PROVIDED AT THIS LOCATION:

    _____
    _____
    _____
    _____
    _____
    _____
    _____
    _____
    _____
    _____

X_____

Signature of Authorized Person   **Printed Name of Authorized Person**   **Date**

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211 RGAIC Use Only:

Date Received: _____

Information Verified by: _____

Data input into database on: _____

Data input into database by: _____

Data input verified by: _____ Date: _____

ATTACHMENT: *City of El Paso Policy - Inclusion Exclusion Criteria*