Idaho CareLine • IDHW 2-1-1
Get Connected. Get Answers.
Dial 2-1-1 or 1-800-926-2588

Resource Information Form

Please type or print clearly.

Name: What is the name of your organization? ______________________________

Acronyms: Other names/Former names: ______________________________

Are you part of a larger organization? *(Example: Idaho Department of Health and Welfare, United Way, etc.)*

☐ No ☐ Yes If yes, what is the name and address of that organization?

Name: ______________________________

Address: ______________________________

Address and Contact Information: What is your physical address and contact information for your program?

Street: ______________________________

City: ______________________________ State: ______ Zip: ____________

Phone: ______________________________ Fax: ______________________________

Email: ______________________________ Website: ______________________________

Service Description: *Please be as specific as possible. Callers are referred to your organization based on this description. Use an additional sheet of paper if needed.*

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(In addition to this description, please include a copy of your program brochure for our files.)

Is your organization or are your employees licensed or certified by a regulatory agency? ☐ Yes ☐ No

If yes, what is the regulatory agency? ______________________________

License is valid through: ______________________________

Please check ONE answer that indicates your program's organizational status.

☐ Non-profit ☐ Non-profit Religious ☐ Government ☐ Military ☐ Volunteer ☐ For profit

Eligibility: Can anyone receive services from your program? ☐ Yes ☐ No If No, please explain:

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Intake: What are your intake procedures?

☐ Telephone ☐ Walk-in ☐ By appointment ☐ Referral required, please explain:

____

Hours/Days: What are the days and hours of your organization operates?

☐ Sunday; Hours: ______________________________ ☐ Thursday; Hours: __________________________

☐ Monday; Hours: ______________________________ ☐ Friday; Hours: ______________________________

☐ Tuesday; Hours: ______________________________ ☐ Saturday; Hours: ___________________________

☐ Wednesday; Hours: __________________________

Fees: What are your fees?

☐ No fee ☐ Sliding scale fee; Details:____

☐ Straight fee for services; Details: ____

☐ Other; Please explain: ____

Do you accept insurance? ☐ Yes ☐ No If yes, ☐ Private insurance ☐ Medicaid ☐ Medicare

Do you have a waiting list for your services? ☐ Yes ☐ No If yes, How long?_____________________________

Languages: What languages are routinely available and spoken by your staff?

☐ English only ☐ Spanish ☐ American Sign Language ☐ Other, please specify:_______________________

Area Served: What geographical area does your program serve? Please specify the city, county, region, statewide or nationwide: ____

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Would you like 2-1-1 Idaho CareLine cards to give to your clients? ☐ Yes ☐ No If yes, how many?______

Note: The 2-1-1 Idaho CareLine has a program inclusion/exclusion policy and has the right to refuse or remove an agency at its discretion. Submission of your program to be included in the 2-1-1 Idaho CareLine database assumes your permission is also given for your program to be included in any directory (printed or online) the Idaho Department of Health and Welfare or it's community partners develop, unless otherwise notes.

I acknowledge the above information is correct and accurately represents the services provided by our agency and its employees.

Signed:____ Dated:________________________

Please submit the form to the 2-1-1 Idaho CareLine:

Fax: (208) 334-5531

E-mail: careline@dhw.idaho.gov

Address: 2-1-1 Idaho CareLine / IDHW
PO Box 83720
Boise, ID 83720-0026

If you have questions, please call us by dialing 2-1-1 or (800) 926-2588.