

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. In addition to this description, you may email a copy of your program brochure for our files.

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

If yes, what is the regulatory agency?

License is valid through:

Eligibility: Can anyone receive services from your program? Yes No

If no, please explain:

Intake: What are your intake procedures?

Telephone

Walk-in

Appointment

Referral required

If a referral is required, please explain:

Hours/Days: What are the days and hours that 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:

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 its community partners develop, unless otherwise noted.

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

Signed:

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