



IN211 Inclusion Request Form

Thank you for your interest in the Indiana 211 Resource Database. Please complete the following questionnaire with details about the agency and each program you would like considered for inclusion. IN211 reserves the right to edit submissions for style, length, and content. Submit your completed form to database@in211.org

Please begin by providing information about the individual submitting this form for your agency:

Name: _____ Title: _____
Telephone #: _____ e-mail: _____
Date Submitted: _____

AGENCY Information

1. Name of agency: _____
2. Main location of agency (administrative office/headquarters): _____ *Confidential*
Street: _____
City: _____ State: _____ Zip code: _____
Name of Building: _____
3. Mailing Address of Agency: _____ *Same as Above*
Street: _____
City: _____ State: _____ Zip code: _____
4. Agency main phone number(s):
Telephone _____ Fax _____ TTY _____
Toll-Free _____ Other: _____
5. Web address for agency: _____
6. Public email address: _____
7. Person in charge: _____ Title: _____
8. Hours/days of operation (e.g., Mon-Fri 8:30am-5pm): _____
9. Length of time agency has been in operation: _____
10. What is the general purpose/goal of your agency? Usually an agency mission statement answers this question.
11. Type of organization: *(Please mark the appropriate boxes.)*
 Governmental For-Profit Faith Based
 Not-for-profit (include tax ID# or copy of 501c3 certification) _____
 Other (Explain): _____

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PROGRAM Information

Note: Please complete one Program Information Form for each program and site.

1. Program name: _____

2. Agency in charge of program: _____

3. Address of program: _____ Same as agency

Street: _____

City: _____ State: _____ Zip code: _____

Name of Building: _____

4. Program phone number(s):

Telephone _____ Fax _____ TTY _____

Toll-Free _____ Other: _____

5. Email address for program: _____

6. Web address for program: _____

7. Person in charge of program: _____

E-mail address: _____ Title: _____

8. Program description:

9. If the program has a waiting list or period what is the average wait? _____

10. Hours and days offered: _____

11. Fees, if any, for receiving services? If the program has a fee structure, such as sliding scale, please give a brief description explaining the maximum/minimum and what it is based on:

12. Can clients access services directly? _____ yes _____ no

If not, what type of referral (written, telephone) is required and from whom?

Continued

13. **Eligibility Requirements:** Describe requirements to obtain services (write "None" on any that don't apply):

- Living in a set geographic area (describe boundaries): _____
- Income limits (specific or general, such as "low income"): _____
- Age range served: _____
- Gender served: _____
- Other requirement: _____
- Other requirement: _____

14. **Intake Procedure:** Describe the process to become a client or to apply for services. For example, should individuals call first or simply walk in? Are there special instructions that should be given to a client when referring to this program/service? For example, arrive early and wait in line? Leave a phone message and wait for a call back?

15. **What to Bring:** What documentation or other items should individuals bring with them to receive service? Examples: proof of address (be specific about what qualifies); proof of income (be specific about what qualifies); picture ID, social security cards (for self, for all in household?), written parental permission, etc.

16. **Language Capabilities:** Explain availability of any language other than English (including American Sign Language), and describe any special availability issues (such as by appointment or only at certain times):

17. What is the maximum program capacity? _____

18. Please check all that apply:

- Program location is accessible to wheelchairs General parking is available
 Wheelchair accessibility is limited (please explain) Location is on a bus route

19. Forms of payment accepted (if applicable):

- | | | | |
|----------------------|----------------------|--|------------------------|
| Cash_____ | Cashier's Check_____ | Certified Check_____ | Check_____ |
| Credit Card_____ | Debit Card_____ | Money Order_____ | Medicaid_____ |
| Medicaid Waiver_____ | Medicare_____ | Healthy Indiana Plan (HIP 2.0)_____ | Private Insurance_____ |