2-1-1 SERVICE PROVIDER APPLICATION

Thank you for your interest in having your agency included in the 2-1-1 database.

The application includes two basic areas:

1. Agency Information: This includes general information about your organization. This does not include information about specific services you provide.

2. Program Information: Programs are the services your agency offers. Please complete one program section for each program you are submitting for the 2-1-1 database.

Send the completed application by email (211sbc@icfs.org).

Please do not hesitate to contact the Interface 2-1-1 Resource Team if you have questions or need assistance with this process.

We look forward to receiving your application.

Thank you,
2-1-1 Resource Team
on behalf of
Community Action Commission

SERVICE PROVIDER APPLICATION/UPDATE FOR 2-1-1 SANTA BARBARA

AGENCY INFORMATION

Inclusion Criteria

Does your organization provide services that are appropriate for inclusion in the 2-1-1 database, based the 2-1-1 Santa Barbara County Inclusion/Exclusion Policy (available at www.211Santa Barbara.org)? ☐ Yes ☐ No

Have you been in operation for at least six months? ☐ Yes ☐ No

General Agency Information

Agency Name: _____

Is your agency also commonly known by another name or abbreviation: _____

Parent Agency (If legally part of another organization: _____

Agency Description (describe your agency in one or two sentences):

e.g. Nonprofit organization focused on supporting individuals with disabilities.

Agency Type:

☐ Not-for-profit (incorporated) - tax designation ☐ 501(c)(3) ☐ 501(a) ☐ Other: _____

☐ Not-for-profit (not incorporated)

☐ Government: If Yes, which level? ☐ Federal ☐ State ☐ County ☐ City

☐ For Profit/Commercial

Agency Contact Information

Agency Website/URL: _____

Agency Email: _____
(for general questions from the public)

Physical Address

Agency Physical Address: _____

City, State: _____ Zip: _____

Is this office:

A confidential location? ☐ Yes / ☐ No

Wheelchair accessible? ☐ Yes / ☐ No

Mailing Address ☐ Same as above (if mailing address is different, add address below)

Agency Mailing Address: _____

City, State: _____ Zip: _____

Administration Office Hours:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

What holidays does your agency close for? _____

Agency General Information Phone #: _____ Fax #: _____ TDD/TTY #: _____

Agency Senior Executive Name: _____ Title: _____

Phone: _____ Email: _____

Agency Primary Contact for 2-1-1

This person will receive the 2-1-1 annual update request to confirm and/or update your agency's information in the 2-1-1 database and will be contacted if there are questions about your agency's information in the 2-1-1 database. To ensure the accuracy of referrals, agencies that do not respond to the annual update will be subject to removal.

Name: _____ **Title**: _____

Phone: _____ **Email**: _____

PROGRAM INFORMATION

(Please submit one Program Information section per program)

Agency Name: _____ | **Program Name**: _____

Is this program commonly known by another name or abbreviation? _____

Program Website/URL: _____ | **Program Email Contact**: _____

Program Description/Primary Services

Maximum of 100 words.

e.g. Offers parenting skill classes to parents struggling with managing misbehavior of their children at home or school.

Intake Procedure: ☐ Walk-In ☐ Call for appointment ☐ Referral required from _____ ☐ Other: _____

Documentation Required at Intake (i.e. ID, SS card, Proof of Income etc.): _____

Program eligibility requirements:

☐ No restrictions or eligibility criteria.

☐ Other: _____

e.g. Must be parents with children under 18 years old.

Residency requirement:

☐ No residency requirement

☐ Must be a citizen of United States

☐ Must be a California resident

☐ Must be a Santa Barbara County resident

☐ Must be resident of specific city: _____

☐ Must be resident of specific zip code: _____

Fees *(check all that apply)***:**

☐ No Fee

☐ Fees vary

☐ Sliding Scale fee $ _____ to $ _____ based on _____

☐ Set program fee $ _____ per

☐ Accepts Medi-Cal

☐ Accepts Medi-Care

☐ Accepts most insurance

☐ Membership fee $ _____ per _____

Program Hours:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____ ☐ Hours vary

Language - Service is available in:

☐ English ☐ Spanish ☐ Other: _____ ☐ Interpreter Services Available for: _____

PHONE NUMBERS

Main Program Phone #: _____

Other Phone #: _____ Purpose of other phone (i.e. Afterhours 5pm-8am): _____

TDD/TTY Phone #: _____

Agency Name: _____ **Program Name**: _____

Program is offered at this location ("Site A")

Site Name: _____
e.g. ABC Family Resource Center, Santa Maria Office, Santa Barbara Clinic

Physical Address
Agency Physical Address: _____
City, State: _____ Zip: _____

Is this office:
A confidential location? ☐ Yes / ☐ No
Wheelchair accessible? ☐ Yes / ☐ No

Mailing Address ☐ Same as above (if mailing address is different, add address below)
Agency Mailing Address: _____
City, State: _____ Zip: _____

Program is offered at this location ("Site B")

Site Name: _____

Physical Address
Agency Physical Address: _____
City, State: _____ Zip: _____

Is this office:
A confidential location? ☐ Yes / ☐ No
Wheelchair accessible? ☐ Yes / ☐ No

Mailing Address ☐ Same as above (if mailing address is different, add address below)
Agency Mailing Address: _____
City, State: _____ Zip: _____

Program is offered at this location ("Site C")

Site Name: _____

Physical Address
Agency Physical Address: _____
City, State: _____ Zip: _____

Is this office:
A confidential location? ☐ Yes / ☐ No
Wheelchair accessible? ☐ Yes / ☐ No

Mailing Address ☐ Same as above (if mailing address is different, add address below)
Agency Mailing Address: _____
City, State: _____ Zip: _____

**** Add information for additional physical locations as needed.**

SUBMITTED BY

NAME: _____ **DATE:** _____

TITLE: _____

EMAIL: _____ **PHONE:** _____

SUBMIT APPLICATIONS/UPDATES VIA EMAIL, FAX, OR U.S. MAIL

2-1-1 Santa Barbara County / Community Action Commission
211sbc@icfs.org * www.211SantaBarbaraCounty.org