**Welcome Interested Providers**

Thank you for your interest in having your agency included in the 211 database. The application includes two basic areas:

* Agency Information:
	+ This includes general information about your organization. This does not include information about specific services you provide.
* Program Information:
	+ Programs are the services your agency offers. Please complete one program section for each program you are submitting for the 211 database.

Send the completed application by email to 211sbco@communify.sb.org

Please do not hesitate to contact the 211 Santa Barbara County Team if you have any questions or need assistance with this process.

We look forward to receiving your application.

Thank you,

211 Santa Barbara County Team

## Reminder:

*Please remember to read our 211 Santa Barbara County’s Inclusion/Exclusion Policy before completing this application. This policy follows is posted on our 211SBCO.org, Click* [*211 Providers Policy*](https://211santabarbaracounty.org/wp-content/uploads/2025/06/211-Inclustion-Exclussion-Policy.pdf)*.*

**Agency Information**

|  |  |
| --- | --- |
| I have read the 211 Inclusion/ Exclusion Policy |  Yes[ ]  No[ ]  |
| Our organization provides services that are appropriate for the 211 database. |  Yes[ ]  No[ ]  |
|  We have been in operation for at least six months. |  Yes[ ]  No[ ]  |

## General Agency Information

|  |  |  |
| --- | --- | --- |
| [ ] New Agency  | [ ] Updating Agency Information |  |
| [ ] The agency has/will close, please remove us from the database, effective. Click or tap to enter a date. |
| Agency Name: Click or tap here to enter text. |
| Is your agency also commonly known by another name or abbreviation? Click or tap here to enter text. |
| Parent Agency: *(if legally part of another organization)*Click or tap here to enter text.  |
| Agency Description (describe your agency in one or two sentences): *e.g., Nonprofit organization focused on supporting individuals with disabilities.* | Click or tap here to enter text. |
| Agency Type: Choose an item. |

**Agency Contact Information**

|  |  |
| --- | --- |
| Agency Website: | Agency Email: (for general questions from the public) |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Agency Physical Address:** | [ ]  Updating the Administration Office  |
| Physical Address: Click or tap here to enter text. |
| City: Click or tap here to enter text.  | State: Choose an item. | Zip: Click or tap here to enter text. |
| Is this office:  |
| A confidential Location? [ ] Yes [ ] No | Wheelchair accessible? [ ] Yes [ ] No |
| **Mailing Address:** [ ] Same as above *(If mailing address is different, add below)* |
| Agency Mailing Address: Click or tap here to enter text. |
| City: Click or tap here to enter text.  | State: Choose an item. | Zip: Click or tap here to enter text. |

**Administration Office Hours:**

|  |
| --- |
| Mon: Click or tap here to enter text. Tues: Click or tap here to enter text. Wed: Click or tap here to enter text. |
| Thur: Click or tap here to enter text. Fri: Click or tap here to enter text. Sat: Click or tap here to enter text. |
| Sun: Click or tap here to enter text.  |
| What holidays does your agency close for? Click or tap here to enter text. |
| **Agency General Information** Phone#: Choose an item. | Fax #: Choose an item. | TDD/TTY#: Choose an item. |

**Agency Senior Executive:**

|  |  |
| --- | --- |
| Name: Click or tap here to enter text. | Title: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. | Email: Click or tap here to enter text. |

**Agency Primary Contact for 211:** *This person will receive the 211 annual update requests to confirm and/or update your agency's information. They will be contacted if there are questions about your agency's information to ensure the accuracy of referrals.*

|  |  |
| --- | --- |
| Name: Click or tap here to enter text. | Title: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. | Email: Click or tap here to enter text. |

**Program Information**

|  |  |
| --- | --- |
| *(Please submit one Program Information page per program)* | Number of programs this agency offers:Choose an item. |

|  |  |
| --- | --- |
| **Agency Name**: Click or tap here to enter text. | **Program Name:** Click or tap here to enter text. |

Is this program commonly known by another name or abbreviation?Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| [ ] New Program  | [ ] Updating Program Information | [ ] Program no longer Available |
|  | As of what date should we remove this program? Click or tap to enter a date. |
| **Program website:** Click or tap here to enter text. | **Program Email Contact:** Click or tap here to enter text. |
| **Program Description/ Primary Services:** (Maximum of 100 words): *e.g., provides parenting classes to parents struggling with misbehavior of their children at home or school.* | Click or tap here to enter text. |
| **Intake Procedure:**  | [ ] Walk-In | [ ] Call for appointment | [ ] Apply online |
| [ ] Referral Required from: Click or tap here to enter text. | [ ] Other: Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Documentation Required at Intake:** (i.e., ID, SS Card, Proof of Income, etc.) | Click or tap here to enter text. |
| **Program eligibility requirements:**No restrictions or eligibility criteria. Other (e.g., Must be a person with a disability, Age 62+, Teen ages 10-18) | **Residency requirement:**[ ] No residency required[ ] Must be a citizen of United States of America[ ] Must be a California Resident[ ] Must be a Santa Barbara County Resident [ ] Must be a resident of a region: Choose an item.[ ] Must be a resident of a specific city: Must be a resident of a specific zip code: Choose an item. |
| Click or tap here to enter text. |
| **Fees:** (check all that apply): [ ] No Fee[ ] Fees vary based on Choose an item.[ ] Sliding Scale Fee Choose an item.[ ] Set Program fee Choose an item. Per Choose an item. | **Accepted Insurances:**[ ] Accepts Medi-Cal[ ] Accepts Medi-Care [ ] Accepts most Insurance[ ] Membership Fee: Choose an item. Per Choose an item. |
| **Program Hours:**  | Mon: Choose an item. | Tues: Choose an item. | Wed: Choose an item. |
|  | Thur: Choose an item. | Fri: Choose an item. | Sat: Choose an item. |
|  | Sun: Choose an item. | Hours Vary: Click or tap here to enter text. |
| **Languages**- Services Available in: | [ ] English | [ ] Spanish | [ ] Mixteco | [ ] ASL |
|  | [ ] Other: Click or tap here to enter text. |
|  | [ ] Hours of Interpreter Services Available: Click or tap here to enter text. |
| **Phone Number:**  | TDD/TTY Phone Number: Choose an item. |
| Main Program phone #: Choose an item. | Purpose of other phone (i.e., after hours (8 am-5 pm Support) |
| Other Phone Number: Choose an item.  | Click or tap here to enter text. |

**Sites**

|  |  |
| --- | --- |
| *(Please include all sites and use another page if needed)* | Number of Sites: Choose an item. |

|  |  |
| --- | --- |
| **Agency Name:** Click or tap here to enter text.  | **Program Name:** Click or tap here to enter text. |

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

**Site Name:** *(e.g., Santa Maria Office, Health Center, at A High School)*Click or tap here to enter text.

|  |
| --- |
| **Physical Address:**  |
| Click or tap here to enter text. |
| City: Click or tap here to enter text. | State: Choose an item. | Zip: Click or tap here to enter text. |
| Is this the office? |
| A confidential Location? [ ] Yes [ ] No | Wheelchair accessible? [ ] Yes [ ] No |
| **Mailing Address:** [ ] Use same as above (if mailing address is different, add below) |
| Click or tap here to enter text. |
| City: Click or tap here to enter text. | State: Choose an item. | Zip: Click or tap here to enter text. |

**Sites B (Program is offered at this location)**

**Site Name:** *(e.g., Santa Maria Office, Lompoc Health Center)*Click or tap here to enter text.

|  |
| --- |
| **Physical Address:** |
| Click or tap here to enter text. |
| City: Click or tap here to enter text. | State: Choose an item. | Zip: Click or tap here to enter text. |
| Is this the office? |
| A confidential Location? [ ] Yes [ ] No | Wheelchair accessible? [ ] Yes [ ] No |
| **Mailing Address:** [ ] Use same as above *(if the mailing address is different, add below)* |
| Click or tap here to enter text. |
| City: Click or tap here to enter text. | State: Choose an item.  | Zip: Click or tap here to enter text. |

**Sites C (Program is offered at this location)**

**Site Name:** (e.g., Santa Maria Office, Lompoc Health Center)Click or tap here to enter text.

|  |
| --- |
| **Physical Address:** |
| Click or tap here to enter text. |
| City: Click or tap here to enter text. | State: Choose an item.  | Zip: Click or tap here to enter text. |
| Is this the office? |
| A confidential Location? [ ] Yes [ ] No | Wheelchair accessible? [ ] Yes [ ] No |
| **Mailing Address:** [ ] Use the same as above (if the mailing address is different, add below) |
| Click or tap here to enter text. |
| City: Click or tap here to enter text. | State: Choose an item.  | Zip: Click or tap here to enter text. |

## *Submit Application / Update via email or U.S.P.S.*

211 SANTA BARBARA COUNTY

201 West Chapel Street, Santa Maria, CA. 93458

211SBCO@CommUnify.sb.org I 211SBCO.org