Agency Information Page – Preliminary Form

1. Please use Agency Information Page for general information about your organization.
2. **Please use separate Program Information Pages** for the specifics of **each** program, service and/or location.
3. If you have any questions please call the Behavioral Health Special Needs Manager at 954-390-0493 ext 241

Official Agency Name:

Commonly known as: (aka, short name, acronym) _____

Administrative Address: _____

City: _____ State: _____ Zip: _____

Chief Administrator: _____ Title: _____

Type of Agency

o Private, Nonprofit
o Unit of City Government
o Unit of County Government
o Unit of State Government
o Unit of Federal Government

Primary Funding Sources **(check all that apply)**

o Joint Venture of Government /Nonprofit
o Faith-based Organization
o Membership
o Private, For Profit
o Other (please specify)_____

o Federal
o State
o County/City
o Private / Other

Telephone Number / Ext. Telephone Description (Main Number, 24 Hour Number, Toll-Free, Dr. Smith, etc)

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ TTY

_____ FAX E-mail Address: _____

Administration Office Days/Hours: _____

General Description of Agency: _____

_____

_____

_____

Federal ID Number: _____ License(s)/Accreditation: _____

501(c)3: _____ Web Address: _____

Person we may contact to update your Agency Information: _____

I am enclosing one Agency Form and _____ Program Form(s). I have reviewed all the information and certify that it is accurate to the best of my knowledge. I understand that First Call For Help of Broward, Inc. reserves the right to edit submitted material for clarity and to use the information for dissemination to the public.

Authorized Signature: _____ Date: ___/___/___

Main Website: **www.211-broward.org**
Special Needs: www.211specialneeds.org
Free, Confidential, 24/7/365
Clients must contact: 954-537-0211 or 2-1-1 for referrals.

Agencies contact: 954-390-0493 for Behavioral Health or Special Needs for administration assistance.

Program Information Page – Preliminary Form

1. Please use separate Program Information Pages for each service and/or location.
2. Please duplicate both Program Information Pages as needed.
3. Please submit all Program Information Pages with one Agency Information Page.
4. If you have any questions please call the Program Manager at (954) 390-0493 ext 241

Program Name: _____

Commonly known as: (aka, short name, acronym) _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number / Ext. Telephone Description (Main Number, 24 Hour Number, Toll-Free, Dr. Smith, etc)

_____ _____ _____

_____ _____ _____

_____ TTY

_____ FAX E-mail Address: _____

Days and Hours of Service Delivery: _____

Details of Services Provided: _____

_____

_____

_____

Program Administrator: _____ Title: _____

Please indicate any specific target population for this program: _____

Eligibility Criteria: _____

_____

Age Range of Clients Served: ☐☐ to ☐☐ Enter 00 to 99 if you serve all ages.

Fees: *(If sliding scale, please give criteria and fee range.)* Accept: ☐ Medicare ☐ Medicaid ☐ Private Insurance

Sliding Scale Minimum Charge: $____ Sliding Scale Maximum Charge: $_____

Other Fee Details: _____

Intake Procedure: *(Walk in? Appointment needed? What documents are required?)*

_____

Referral Contact Person (if specific): Please give name, title and extension number: _____

_____

Languages: ☐ English ☐Spanish ☐ Creole ☐ASL ☐ Others: _____

Service Area: *(All of Broward or what portion of Broward?)* _____

ADA Compliance: ☐ Physical ☐ Visual ☐ Auditory

Is there a Waiting List for this program? ☐ Always ☐ Occasionally ☐ Never ☐ Seasonally: Time Period: _____

Transportation Provided for Clients: ☐ YES ☐ NO ☐Limited - _____

Seasonal Programs: _____Start Date _____End Date _____

What is the approximate number of individuals served by this program in a year? _____

What would be the MAXIMUM number of individuals that COULD be served by this program at capacity? _____

Person we may contact to update this Program information: _____

Mail to: 2-1-1 Broward, 250 NW 33rd St. Oakland Park, FL 33334 or Fax 954-390-0499
or send via email to: bmorgan @ 211-broward.org