

UNITED WAY 211 PROGRAM FORM



United Way of the Plains

Complete all applicable information on this form. You may attach brochures or other documentation which may aid in a better understanding of services provided. **EMAIL** completed form to: hpierce@unitedwayplains.org

Program Name: _____

Purpose: _____

Fees: _____

Languages: _____

Intake Procedure: _____

Eligibility Requirements: _____

Services Offered (*Be as specific as possible. Use additional space as necessary. NOTE – Callers are referred to your program based on this description.*):

Handicap Access? Yes No Area Served (e.g., Butler County): _____

Funding (e.g., government, donations): _____

Only complete the information below that is different than the AGENCY information.

Hours: _____

Person in Charge: _____ Title: _____

Address (Street, City, State, ZIP): _____

Email: _____ Website: _____

Phone: _____ Alt. Phone: _____

Fax: _____ 24 hr or 8YY: _____

Person Completing This Form: _____ **Date:** _____

PHONE: Dial 2-1-1 TEXTING: Text ZIP Code to 898-211

SEARCH ONLINE: 211Kansas.org CHAT: unitedwayplains.org/211