

[Butte 2-1-1 / HelpCentral.org Database -- Agency and Program Information Form](#)

If you are not in our database and would like to be, or you are a provider in our database and have a new service to tell us about, please fill out the following information.

Click in each text box and type.

Return the completed form **by e-mail** to: 211update@helpcentral.org
Questions? Call 530-774-2191 for assistance.

Agency Information

Agency Name:

Physical Address:

City: State: Zip:

Confidential Address? Yes No

Person in Charge:

Job Title:

Phone Number

E-Mail Address

Agency Mailing Address (if different from above):

Mailing Address:

Mailing City: State: Zip:

Agency Also Known As: (Please list other names the public knows you as)

Agency Telephone Numbers (please include toll free numbers and language lines):

Telephone 1: Type: Service/ Intake

Telephone 2: Type: Toll Free

Telephone 3: Type: Fax

Telephone 4: Type:

Telephone 5: Type:

Agency Electronic Information:

Email Address:

Web Address:

Agency Type:

- City Administered
 - County Administered
 - Educational Institution
 - Faith-based
 - Federally Administered
 - For Profit
 - Health Institution
 - Non-Profit
 - State Administered
-

Agency Overview

Please describe your agency's purpose

Does this agency offer free or low cost services? Yes No

Program Information

Program #1 Details NOTE: You must fill out a Program Details form for EACH individual program (additional forms are found at the end of this survey).

Program Name:

Hours:

Eligibility:

Fees:

Program Phone:

Languages:

Area Served:

Volunteer Opportunities:

Donations Accepted:

Disaster Assistance:

Program Description:

Tell us about your program services:

Site(s) Where Program #1 is Offered (include building name, street address, city, zip)

Site Accessibility Information

Are you wheelchair accessible? Yes No

Are you accessible by public transportation? Yes No

Do you provide client transportation? Yes No

I acknowledge that the agency/program information I have entered will be included in the HelpCentral.org database. I also understand that this information will be posted to the HelpCentral.org Internet web site and could be used to compile published directories.

Yes, I consent for this information to be made public

No, I do not want this information made public.

By affixing my signature electronically below, I certify that the information contained on this form is accurate and complete.

Signed:

Title:

Phone:

E-Mail:

Date:

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[Additional Program Information](#)

Program #2 Details NOTE: You must fill out a Program Details form for EACH individual program (additional forms are found at the end of this survey).

Program Name:

Hours:

Eligibility:

Fees:

Program Phone:

Languages:

Area Served:

Volunteer Opportunities:

Donations Accepted:

Disaster Assistance:

Program Description:

Tell us about your program services:

Site(s) Where Program #2 is Offered (include building name, street address, city, zip)

Site Accessibility Information

Are you wheelchair accessible? Yes No

Are you accessible by public transportation? Yes No

Do you provide client transportation? Yes No

Additional Program Information

Program #3 Details NOTE: You must fill out a Program Details form for EACH individual program (additional forms are found at the end of this survey).

Program Name:

Hours:

Eligibility:

Fees:

Program Phone:

Languages:

Area Served:

Volunteer Opportunities:

Donations Accepted:

Disaster Assistance:

Program Description:

Tell us about your program services:

Site(s) Where Program #3 is Offered (include building name, street address, city, zip)

Site Accessibility Information

Are you wheelchair accessible? Yes No

Are you accessible by public transportation? Yes No

Do you provide client transportation? Yes No

Additional Program Information

Program #4 Details NOTE: You must fill out a Program Details form for EACH individual program.

Program Name:

Hours:

Eligibility:

Fees:

Program Phone:

Languages:

Area Served:

Volunteer Opportunities:

Donations Accepted:

Disaster Assistance:

Program Description:

Tell us about your program services:

Site(s) Where Program #4 is Offered (include building name, street address, city, zip)

Site Accessibility Information

Are you wheelchair accessible? Yes No

Are you accessible by public transportation? Yes No

Do you provide client transportation? Yes No

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