



HandsOn Battle Creek 2-1-1 Agency Information Form

Serving Barry, Calhoun, Ionia, Montcalm and St. Joseph



Agency Information:

Organizations Legal Name: _____

Formerly known as or AKA Names for Agency: _____

Agency Description (a short description of the agencies activities): _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Is the address confidential? _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Is the address confidential? _____

Telephone Numbers (please indicate if any number should be confidential):

Main: _____ **Intake:** _____ **Toll Free:** _____

TDD/TYY: _____ **Fax:** _____ **Other:** _____

Website Address: _____ **General Email:** _____

Agency Director's Name: _____ **Title:** _____

Phone: _____ **Email:** _____

Is Agency Director information confidential? _____

Additional Contact Name: _____ **Title:** _____

Phone: _____ **Email:** _____

IRS Status (ex. 501(c)3, 501(c)15, etc): _____ **Tax ID Number:** _____ **Year Incorporated:** _____

Agency Type: Nonprofit For-profit Government – Municipal Government – County Government – Federal Government – State Government – Special Government – Foreign Coalition Government – Tribal Other Support Group School Faith-based

Administrative Hours: _____

Funding Sources (check all that apply): Area Agency on Aging City Funding Corporation County Funding Donations County Funding Federal Funding Fees Foundation Grants HUD Independent Fund Raising Membership Dues Private Funding State Funding United Way

Site Information

(If there is only one location, fill out the information not listed above. If there are multiple locations, complete one page with the additional information for the first location, then copy or print and fill out additional pages for each additional location.)

Site Name: _____

Formerly known as or AKA Names for Site: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Is the address confidential? _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Is the address confidential? _____

Telephone Numbers (please indicate if any number should be confidential):

Main: _____ **Intake:** _____ **Toll Free:** _____

TDD/TYY: _____ **Fax:** _____ **Other:** _____

Website Address: _____ **General Email:** _____

Site Director's Name: _____ **Title:** _____

Phone: _____ **Email:** _____

Is Site Director information confidential? _____

Additional Contact Name: _____ **Title:** _____

Phone: _____ **Email:** _____

Site Area Served (county, city or Zip Code description of the area this site serves): _____

Site Hours: _____

Accessibility (check all that apply): Accessible Restroom Accessible Parking No Step Entrance

Wheelchair Accessible Service Area Limited Access No Access

Location (describe cross streets or landmarks that will assist someone in getting to the site location): _____

Program Information

(Complete this page for each program that your agency provides. You must have at least one Program page completed, but there is no limit to the number submitted, however, programs must meet our Inclusion policy. Please contact us with any questions.)

Program Name: _____

Also Known As or AKA Name: _____

Program/Service Description (a specific description of the service being provided): _____

Is this program available at all locations? _____ **If not, at which locations is it available?** _____

Program Contact Name: _____ **Title:** _____

Intake Phone: _____ **Other program contact information:** _____

Who is eligible for this Program? _____

How can someone apply for the program? Walk-in? Call? Is an appointment required? Please describe: _____

What documentation is required (Valid Picture ID, proof of income, etc.): _____

Fees: _____

Method of Payment (cash, check, credit card, etc.): _____

Languages Offered (other than English): _____

Additional Information

Thank you for taking the time to provide us with your information!

Form completed by: _____ Title: _____

Telephone Number: _____ Date Completed: _____

Annual Survey Contact:

HandsOn 2-1-1 will contact your agency on an annual basis to ensure that the information within our database is correct.

Please identify who the best contact would be to complete this survey.

Contact Name: _____ Title: _____

Telephone Number: _____ Email: _____

Preferred method of contact:

Mail Email Review Information over the Phone

Please return this information to HandsOn 2-1-1 through any of the following methods:

Email: Jamie@handsonbc.org

Fax: 269-966-4194

Mail: HandsOn Battle Creek
c/o 2-1-1 Database Manager
34 West Jackson Street, Suite 4A
Battle Creek, MI 49017

For any questions or comments, please contact Jamie Rugg at 269-788-1136 or Jamie@handsonbc.org.

*HandsOn 2-1-1 reserves the right to edit information for brevity, clarity or content.
Information provided may be published in a variety of media subject to confidentiality issues.*

For Administrative Use Only

Date info taken: _____ Staff/Volunteer receiving info: _____

Date entered into database: _____ Entered By: _____

Record Number _____