

211 Database Form

Program Information (copy as needed)

Program Name: _____

Address: _____

Mailing Address if different: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: Main: _____ Fax: _____

Other: _____

E-mail Address: _____

Web site: _____

Date this form filled out: _____

Person In-Charge of Program: _____

Title: _____

Intake Procedure: _____

Service Hours: _____

Fees: _____

Who is eligible for this program? (be specific, example: open to all, 16 years and younger, only serves people receiving Medicaid): _____

Service Area (counties and communities served): _____

Program Description (please list services you offer to anyone meeting your eligibility requirements. Callers are referred based on this description. Be as specific as possible and attach program brochure if available): _____

For purposes of updating your program information through the website database, list up to 2 people who would be authorized to update the information:

Authorized Update Person: 1. _____ 2. _____

E-Mail Address: 1. _____ 2. _____

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