



Service Information Form

Please complete the following to provide us with information about your services. Please complete a separate form for each service your organization offers. If you have not provided Agency Information yet, please complete the Agency Information Form.

Agency Name _____

Service Name _____

Other names this service may be known by (former names, acronyms, etc.)

Service Description (Please provide a brief description of the services offered and the target population it is intended for)

Physical Address of Primary Service Location _____

City _____ Zip _____ Is this address confidential? Yes No

Is this location disabilities accessible? Yes No

Mailing address Same as Physical address

Mailing address _____

City _____ Zip _____

Is this service offered at multiple locations? Yes No

Referral Phone (for clients to inquire about services) _ (____) - ____ - _____

Program/Service Website _____

Is a screening assessment meeting required before clients receive services? Yes No

Service Hours (circle days of the week) Sun Mon Tues Wed Thur Fri Sat

Open _____ am Close _____ pm 24 hour service

Ages Served _____

Eligibility information (please select all that apply to this service)

- Income Required Employability required Employment required
 Disconnection Notice Required Eviction Notice required

Languages the entire service is provided in: _____

Documentation required for intake?

- None required Specific documents required

Do you provide services to unaccompanied youth? Yes No

Genders Served? Female Male Trans

Areas served Serves anyone Serves all _____ county residents

- Other geographic restrictions (i.e. cities, zip codes, counties)

Is there any additional information you would like us to know about this program? Yes No

Your Name _____

Title _____

Your Phone _____

Your E-Mail _____

Are you the program administrator for this service? (Staff person to contact to verify service information) Yes No

Thank you, please allow 7 business days for a response.