

WIN 2-1-1.....Get Connected. Get answers.

November 22, 2016

Greetings to all of you who provide valuable and vital health, human and related services in our communities!

We are writing because we need your participation to provide us up-to-date information about your organization and its services.

What is 2-1-1?

2-1-1 is the three-digit telephone number assigned by the Federal Communications Commission for the purpose of providing quick and easy access to information about local health and human services.

How can 2-1-1 help?

- Who does a father call to find counseling for his troubled teenager?
- Who can seniors call when prescription medication has taken most of their monthly income, and there is little food in the house?
- Where does a mother call when she needs to find quality care for her child?
- What resources are available if your well-water becomes contaminated?
- Where can community members seek assistance or offer to help others in the event of a natural disaster?

By completing our information form, you will help us provide accurate and specific information on local resources to people in our communities. Your participation is vital. Help our local citizens to “*Get Connected and Get Answers through 2-1-1*”.

Please complete the attached information form and return it to **People For People’s Greater Columbia 2-1-1** as soon as possible. It’s quick, it’s easy, and will benefit your organization by getting your agency’s information to more citizens about your services and how to access them.

People For People
Greater Columbia 2-1-1
302 West Lincoln Avenue
Yakima, WA 98902
Phone: 509.654.7351
Fax: 509.654.7349
Contact: Norma Mendoza email: nmendoza@pfp.org
Website: www.WIN211.org

Attention Agency/Service Providers:

People for People needs your help in collecting accurate and complete data about your organization. When filling out the 211 Form – please make special note of the 2nd page Program Data Sheet. For every major program that you list on the main agency questionnaire, please also provide specific individual program information on the attached Program Data Sheet.

For example, People For People has several programs that they offer to the community-- each one provides distinct services, and may even be available at different locations. People For People fills out one main Agency Questionnaire, and then completes an additional Program Data Sheet for each distinct program. If your agency administers 4 distinct programs, for example, then we need one Agency Questionnaire and 4 separate Program Data Sheets. The Program Data Sheet gives us the information that allows us to code your program correctly which then will insure that we direct calls for particular services to the proper agency.

Thank you so much for your assistance with this data collection. If you have questions for need clarification, please feel free to contact me at anytime!

People For People

302 West Lincoln Ave
Yakima, WA 98902

(509) 248-6727



Agency Questionnaire

Name of Agency:		Agency Federal ID #:		Class of Agency:	
Agency Description:		Head of Organization Name/Title:		<input type="checkbox"/> For-Profit <input type="checkbox"/> Government Type of Government if Checked _____ (City, County, Federal)	
				<input type="checkbox"/> Non-Profit <input type="checkbox"/> 501(C). 3 <input type="checkbox"/> Private Education <input type="checkbox"/> Public Education <input type="checkbox"/> Other: _____	
Areas Served (Cities/Counties):		Internet Website Address:		Main Street Address:	
Funding Source <input type="checkbox"/> County Government <input type="checkbox"/> Donations <input type="checkbox"/> Federal Government <input type="checkbox"/> Foundation funding <input type="checkbox"/> Job Training Partnership Act (JTPA) <input type="checkbox"/> Membership dues <input type="checkbox"/> Private Organizations <input type="checkbox"/> Service Fees <input type="checkbox"/> State Government <input type="checkbox"/> Township Government <input type="checkbox"/> United Way <input type="checkbox"/> Other: _____		City:			
		Main Mailing Address:		Zip:	
		City:		State:	
		Main site Telephone Number:		Main site hours of operation (Time & Day):	
		Main site Fax Number:		E-Mail Address:	

Special features offered at your site (Wheel chair accessibility, elevator, day care, children's play area, etc.):

List Major Programs Provided and Please include data sheet for each program listed:

1) _____

6) _____

2) _____

7) _____

3) _____

8) _____

4) _____

9) _____

5) _____

10) _____

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Agency Questionnaire Program Data Sheet

Please duplicate this form and use a separate form for each site and/or distinct program

Service Name 1:

Program Address:

City:

State:

Zip:

Area Served (Cities/Counties):

Program Telephone Number:

Description of Program:

Eligibility Requirements (income guideline, age, residency, etc.):

Applications Instructions (call to schedule appointment, walk-in, register online, etc.):

Fees or payment options (Medicaid, Medicare, sliding fee scale, etc.):

Is a Referral Required?:

Documents Required (photo ID, proof of income, proof of residence, etc.):

Business Hours (Day & Time):

Languages other than English?:

If there is additional information that you feel is relevant to make an appropriate referral to your program please include it below:

If you have any questions please contact People For People at (509) 248-6727

Thank you for your assistance in making this valuable information available to our community.

People For People

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Yakima, WA 98902

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Agency Questionnaire Program Data Sheet

Please duplicate this form and use a separate form for each site and/or distinct program

Service Name 2:

Program Address:

City:

State:

Zip:

Area Served (Cities/Counties):

Program Telephone Number:

Description of Program:

Eligibility Requirements (income guideline, age, residency, etc.):

Applications Instructions (call to schedule appointment, walk-in, register online, etc.):

Fees or payment options (Medicaid, Medicare, sliding fee scale, etc.):

Is a Referral Required?:

Documents Required (photo ID, proof of income, proof of residence, etc.):

Business Hours (Day & Time):

Languages other than English?:

If there is additional information that you feel is relevant to make an appropriate referral to your program please include it below:

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Thank you for your assistance in making this valuable information available to our community.

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Yakima, WA 98902

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Agency Questionnaire Program Data Sheet

Please duplicate this form and use a separate form for each site and/or distinct program

Service Name 3:

Program Address:

City:

State:

Zip:

Area Served (Cities/Counties):

Program Telephone Number:

Description of Program:

Eligibility Requirements (income guideline, age, residency, etc.):

Applications Instructions (call to schedule appointment, walk-in, register online, etc.):

Fees or payment options (Medicaid, Medicare, sliding fee scale, etc.):

Is a Referral Required?:

Documents Required (photo ID, proof of income, proof of residence, etc.):

Business Hours (Day & Time):

Languages other than English?:

If there is additional information that you feel is relevant to make an appropriate referral to your program please include it below:

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Thank you for your assistance in making this valuable information available to our community.

The Verification Contact is the person responsible for updating the agency once a year.

Greater Columbia 2-1-1 302 West Lincoln Ave Yakima, WA 98902		2-1-1 Greater Columbia Region Get Connected. Get Answers. People For People • United Way		United Way 		Agency Questionnaire Program Data Sheet	
*Required fields							
*Verification Contact Name:				*Verification Contact Title:			
*Verification Contact Address:				*City:		*State:	*Zip:
*Verification Contact Phone:		*Verification Contact Fax		*Verification Contact E-Mail			

NOTE: Greater Columbia 2-1-1 makes it a top priority to maintain the quality and accuracy of its database. The individual designated as the Verification Contact for your agency will be periodically contacted to verify program details and other information, thus ensuring that we can continue to effectively serve you and our community.

If you ever wish to amend, update, or remove information from the database, please contact the Greater Columbia 2-1-1 by dialing 211 or 1-877-211-5445