



Agency Information

(Page 1 of ____)

General Agency Information:

Official Agency Name _____

Also Known As (AKA) _____

Agency Description (1-2 sentences summarizing the agency’s primary nature and activities)

Agency Hours of Operation _____

Agency Legal Information:

Federal Employee Identification Number (EIN-FEIN) _____

Provider Type:

- For – Profit
- Non – Profit
- Government
- Faith – Based
- Other: _____

Funding Source:

- Government
- Donations
- Membership Fees
- Private Organizations
- Service Fees
- United Way
- Other: _____

Agency Contact Information:

Physical Address

Street _____

City _____ State _____ Zip _____

Should physical address show on web site?

- Yes No

Mailing Address

Different from physical address?

Mailing Address Attention To _____

Street _____

City _____ State _____ Zip _____

Return by mail to NJ 2-1-1 Partnership, PO Box 346 East Hanover, NJ 07936, or
 fax to c/o Database Manager at (973) 887-4680 or by email to database@nj211.org.





Agency Information (Page 2 of ____)

Contact Phone Numbers

Main _____ Toll Free _____
Alternate _____ Fax _____

Electronic

Website Address _____
Email Address _____

Agency Updating Information:

Staff person responsible for verification and updating of agency information

Name _____ Title _____
Phone _____ Fax _____
Email _____
Preferred Method of Contact _____

Agency Verification Information:

Permission to Use Data (please provide signature) – The enclosed information is accurate and complete. It has been reviewed by our agency and may be used by NJ 2-1-1 for referral, publication, print, electronic, and internet purposes. We have noted any information that is not to be publicized.

Signature _____ Date _____

Return by mail to NJ 2-1-1 Partnership, PO Box 346 East Hanover, NJ 07936, or fax to c/o Database Manager at (973) 887-4680 or by email to database@nj211.org.





Service Information (Page 3 of ____)

If your agency provides multiple services or programs, you must complete this form for each service.

General Service Information:

Service Name _____

Also Known As (AKA) _____

Service Description (as offered to eligible persons; Note: Callers are referred based on this description)

Hours of Operation _____

Service Contact Information:

Physical Address

Street _____

City _____ State _____ Zip _____

Mailing Address

Different from physical address?

Mailing Address Attention To _____

Street _____

City _____ State _____ Zip _____

Phone Numbers

Main _____ Toll Free _____

Alternate _____ Fax _____

Electronic

Website Address _____

Email Address _____

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Service Information

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Service Intake Information:

Intake Procedure (ie: Telephone? walk – ins? appointments?) _____

Intake Requirements _____

Documents Required _____

General Eligibility (specific requirements or exclusions) _____

Types of Fees (ie: sliding scale, insurance accepted, dues, etc.) _____

Fee Amounts _____

Additional Service Information:

Languages Other than English: _____

Service Features

- No referral required
- Physician referral required
- Social Service referral required
- Ramps
- Wheelchair Accessible
- Full ADA Accessibility
- Other: _____

Specific service area description (ie: counties, zip codes, townships, school districts, etc.) _____

Counties Served

- | | | | | |
|-------------------------------------|------------------------------------|-------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Atlantic | <input type="checkbox"/> Bergen | <input type="checkbox"/> Burlington | <input type="checkbox"/> Cape May | <input type="checkbox"/> Camden |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Essex | <input type="checkbox"/> Gloucester | <input type="checkbox"/> Hudson | <input type="checkbox"/> Hunterdon |
| <input type="checkbox"/> Middlesex | <input type="checkbox"/> Mercer | <input type="checkbox"/> Monmouth | <input type="checkbox"/> Morris | <input type="checkbox"/> Ocean |
| <input type="checkbox"/> Passaic | <input type="checkbox"/> Salem | <input type="checkbox"/> Somerset | <input type="checkbox"/> Sussex | <input type="checkbox"/> Union |
| <input type="checkbox"/> Warren | <input type="checkbox"/> Statewide | <input type="checkbox"/> National | <input type="checkbox"/> Worldwide | |

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