

## Agency Information

### General Agency Information:

Official Agency Name: \_\_\_\_\_

Also Known As (AKA): \_\_\_\_\_

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

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Agency Hours of Operation:

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### 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 504 Cedar Knolls, NJ 07927, or fax to c/o Database Manager at (973) 913-4278 or by email to [database@nj211.org](mailto:database@nj211.org).



## Agency Information (cont.)

*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 Choose an item.

**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 Partnership for referral, publication, print, electronic, and internet purposes. We have noted any information that is not to be publicized.

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

**SERVICE LOCATION (“SITE”) INFORMATION:**

When submitting this New Agency Form or New Service Form(s), please include the following details about all physical location(s) (“Site(s)”) where the services are provided, if applicable.

- **Physical Address**
- **Mailing Address** *(if different from Physical Address)*
- **Hours of Operation** *(if not by-Service and specified on Service Form)*
- **Area Served** *(if not by-Service and specified on Service Form)*
- **Languages Offered Other than English**
- **Accessibility**
  - No referral required       Physician referral required       Social Service referral required
  - Ramps       Wheelchair Accessible       Full ADA Accessibility
  - Other: \_\_\_\_\_

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## Service Information

*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 (cont.)

**Service Intake Information:**

Intake Procedure (e.g. “Call to schedule an appointment”, “Walk-in to receive assistance”):

Documents Required: \_\_\_\_\_

General Eligibility (i.e. specific requirements or exclusions):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Types of Fees (e.g. sliding scale, insurance accepted, dues, etc.):

Fee Amounts: \_\_\_\_\_

Which of your service locations (“Sites”) provide this service?:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please describe the service area (e.g.: Statewide, specific counties / towns / zip codes), and clarify if the service area differs by Site – if so, please provide service area description for each Site for this Service:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*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"/> <b>Statewide</b> | <input type="checkbox"/> <b>National</b> | <input type="checkbox"/> <b>Worldwide</b> |

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