

2-1-1 AGENCY INFORMATION FORM

Name and phone number of person providing the information below:

NAME

PHONE

1. AGENCY AND SITE DATA REGISTRATION

(Fill one of these out for **each site.**)

Agency Name

Site Name (if different than agency name):

Address:

Mailing Address (if different than street address)

Phone Numbers:

Fax Number:

Is there a TTY Number?

Director Name and Title:

Hours:

Service hours, if different:

Email address:

Web site address:

What languages are spoken at this site?

PLEASE RETURN FORM:

By mail: Theresa Baylock, 2-1-1/United Way of Connecticut/ 1344 Silas Deane Hwy./Rocky Hill CT 06067

By Fax: 860-571-6060

By email: Theresa.baylock@ctunitedway.org

Questions? Call Theresa at 860-571-6053

2. SERVICE INFORMATION

*(Fill one of these out for **each service** that the agency offers.)*

Service description

Who is eligible for this service?

What is the specific area served for this service? (List the towns or the region.)

Is there a specific age range or gender that this service is for?

Is there a fee? Set fee, Sliding fee, Nominal fee, or No fee?

Who pays the fee? (Does an agency pay for the client; is it private pay, does insurance cover it?)

If insurance covers, which of the following are accepted: (circle all that are accepted)

Medicaid, Medicare, SAGA, Private Insurance, HUSKY

Are there any special instructions for accessing this service? (i.e. walk-in only, by appointment only., apply through XYZ Agency, etc.)

If there is more than one site: Which site/sites offer this service?

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