

PROGRAM REGISTRATION FORM

Please fill out the entire form. Any one of these fields left with no entry will show up in our database and to the public with the phrase "No information provided by Agency."

1. **NAME OF PARENT ORGANIZATION** *(Organization that oversees or provides this service)*

2. **NAME OF SERVICE/PROGRAM** *(Use one form per program. Also provide names the program/service may also be known as in the community, including former names and acronyms.)*

3. **PROGRAM DESCRIPTION** *(Use keywords to describe the specific service provided and the population it serves. Be as concise as possible. Be wary of jargon, abbreviations and acronyms.)*

4. **ELIGIBILITY REQUIREMENTS** *(What are the requirements to qualify for this service?)*

5. **LANGUAGES OFFERED** *(List all languages offered for this program)*

6. **FEES** *(Is there a cost to receive this service? Yes or no? If so, what is the cost?)*

7. **APPLICATION PROCESS** *(What are the steps a client must take to access or apply for the program/service)*

8. **DOCUMENTS REQUIRED** *(What documents must the individual turn in to access this service?)*

9. **SITE** *(Physical address/location where the program/service is delivered. If there is more than one location where these services are offered please fill out a separate Site Registration Form.)*

Same Address as Main Agency/Organization?
 Yes No

Same Mailing Address as Main Agency/Organization?
 Yes No

Address:

Mailing Address:

Disability Access *(Describe the type of disability access available in this location. Ex: Wheelchair accessible.)*

10. **COVERAGE AREA** *(Indicate the communities' that are served and the service area limitations. May be national, state-wide, countywide, citywide, or comprised of a single or several zip codes. Ex. All of Sonoma County.)*

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11. HOURS OF OPERATION *(Days and times the program/service is available and accessible to the public.)*

12. PHONE NUMBERS *(Phone number[s] for the public to reach the specific program/service)*

Main Number for Program: _____ Details: _____

Additional Number: _____ Details: _____

Additional Number: _____ Details: _____

13. MAIN CONTACT *(Best person for 2-1-1 to contact to update and verify information)*

Name: _____ Title: _____

Phone: _____ E-Mail: _____

Keep this information private on public website

14. DIRECTOR OR SENIOR ADMINISTRATOR

Name: _____ Title: _____

Phone: _____ E-Mail: _____

Same as Main Contact Keep this information private on public website

Submitted by: _____	Phone Number: _____
Title: _____	Date: _____
E-Mail: _____	

Return form to info@211sonoma.org or fax to (707) 565-2661, ATTN: 2-1-1 Resource Department

By submitting this form, you give consent for this submission to be included on the 2-1-1 Sonoma website and resource database. 2-1-1 Sonoma Resource Department reserves the right to change or modify this information at its discretion. The Resource Department will review and decide whether to include or exclude this submission from the 2-1-1 Sonoma website and resource database based on the inclusion/exclusion criteria (available to view here: <http://211sonoma.org/service-providers-2/>).

FOR OFFICE USE ONLY	
Date received: _____	Date Added to database: _____