2·1·1
of Central Michigan
Get Connected. Get Help.™

This survey will help us to direct appropriate referrals to your agency. Please make sure to fill in the survey as completely as possible. Thank you for your cooperation!

Organization's Legal Name:

_____

AKA (if applicable):

_____

Address:

_____

Mailing Address (If Different):

_____

Travel Instructions (Example: Two blocks south of First and Main Street, across from the Post Office):

_____

_____

Is there public transportation to this location? ❑ Yes ❑ No

Telephone: (_____) _____ ext. _____

Toll-Free: (_____) _____ ext. _____

FAX: (_____) _____ ext. _____

TDD/TTY: (_____) _____ ext. _____

Other: (_____) _____ ext. _____

Does your organization have any other locations/sites?
Yes **No**
(If yes, please copy first two pages and complete information for each individual site.

Hours: _____

Agency Director/Title:

_____

Phone: (_____) _____ ext. _____

Email Address: _____

Agency Contact Person/Title:

_____

Phone: (_____) _____ ext. _____

Email Address: _____

General Information
Please mark the category/categories that best describes your organization.

- ❑ Church Affiliated
- ❑ Coalition/Other Group
- ❑ Private/Non-Profit
- ❑ Proprietary
- ❑ Public – City
- ❑ Public – County
- ❑ Public – Federal
- ❑ Public – State
- ❑ Special District
- ❑ Other, as follows:_____

Facility Type
Please mark the category/categories that best describes your organization.

- ❑ Church
- ❑ Clinic/Hospital
- ❑ County Office
- ❑ School
- ❑ Private Practitioner
- ❑ Other, as follows:_____

Website Address:

_____

General Email Address (e.g., info@youragency.org):

_____

Federal ID (EIN) # _____

Year Incorporated: _____

Accessibility:

- ❑ Designated Parking
- ❑ Elevators
- ❑ Limited Access
- ❑ No Access
- ❑ Not Applicable
- ❑ Ramps
- ❑ Full Wheelchair Access
- ❑ Lowered Elevator Controls
- ❑ No Stairs in Service Area
- ❑ Other _____

Funding Info:

- ❑ Corporation
- ❑ Donations
- ❑ Fees
- ❑ FEMA
- ❑ HUD
- ❑ Independent Fundraising
- ❑ JTPA
- ❑ City Funding
- ❑ County Funding
- ❑ Private Funding
- ❑ State Funding
- ❑ United Way Funding

Administrative Description:

_____
_____
_____
_____

Administrative Hours:

_____
_____

PROGRAM INSTRUCTIONS: Complete page three for each service or program that your organization provides. Please duplicate this page as needed.

Program/Service Name: _____

Service Area: *(Zip code area/County/City/Township)* _____

Program/Service Description: (attach additional sheet(s) as necessary):

_____

_____

_____

Program/Service Location (Please check and list the location(s) at which this program/service if offered, including hours of operation):

- ❑ Site 1: Main/Administrative Office Hours:_____
- ❑ Site 2: _____ Hours:_____
- ❑ Site 3: _____ Hours:_____
- ❑ Site 4: _____ Hours:_____
- ❑ Site 5: _____ Hours:_____

Program/Service Contact Information (Name/Title):

_____

Phone: (_____) _____ ext. _____ Email: _____

Program Hours:

_____

❑ *Check here if this service is not available year-round or on a consistent basis.*
Explanation: _____

Application: ❑ Referral Required From:

_____

❑ Appointment Required
❑ Walk-Ins

Documentation Required (Photo ID, Proof of Income or Residence, etc.):

_____

_____

Eligibility Requirements (Income, Age, Gender, Location, etc.):

_____

_____

Fees/Payment Methods (Set fees, Sliding scale, Medicaid, Medicare, etc.):

_____

_____

Languages Offered: ❑ English ❑ Other, as follows: _____

Waiting List for Service: ❑ Yes ❑ No

Form Completed By (Name/Title):

_____

Phone: (_____) _____ ext. _____

Email Address: _____

Date Completed: _____

❑ Check here to be included on the 2-1-1 Community Announcement list-serv.

Has 2-1-1 expanded your knowledge of community resources?

❑ Yes ❑ No, please explain.

_____

Contact for Future Organizational Updates/Surveys, If Different (Name/Title):

_____

Phone: (_____) _____ ext. _____

Email Address: _____

Thank you for taking the time to provide this information. Your responses will help us to better meet the needs of the people in our communities.

For Administrative Use Only

Date info taken: _____

Staff/Volunteer receiving info: _____

Date entered into database: _____

Entered By: _____

Record Number: _____

Please send the completed form to:

Resource Specialist(s)
Central Michigan 2-1-1
1200 N West Ave
Jackson, MI 49202
Fax: (517) 789-1271

Questions or Comments?

For Jackson, Hillsdale, Lenawee, or Monroe Counties Contact:
Terrina Liogghio
(517) 789-1238
terrina.liogghio@lifewaysmi.org

For Clinton, Eaton, Ingham, or Livingston Counties Contact:
Angel Fletcher
(517) 780-3382
angel.fletcher@lifewaysmi.org

For Genesee or Shiawassee Counties Contact:
2-1-1 Resource Team
211resource@lifewaysmi.org