### IN211 Logo IN211 Inclusion Request Form

Thank you for your interest in the Indiana211 Resource Database. Please complete the following questionnaire with details about the agency and each program you would like considered for inclusion. IN211 reserves the right to edit submissions for style, length, and content. Submit your completed form to database@in211.org

Please begin by providing information about the individual submitting this form for your agency:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Telephone #: |  | e-mail: |  |
| Date Submitted: |  |

### AGENCY Information

|  |  |  |
| --- | --- | --- |
| 1. | Name of agency: |  |
| 2. | Main location of agency (administrative office/headquarters): |  | *Confidential* |
|  | Street: |  |
|  | City: |  | State: |  | Zip code: |  |
| Name of Building: |  |
| 3. | Mailing Address of Agency: |  |  | *Same as Above* |
|  | Street: |  |
|  | City: |  | State: |  | Zip code: |  |
| 4. | Agency main phone number(s): |
|  | Telephone |  | Fax |  | TTY |  |
|  | Toll-Free |  | Other:  |  |
| 5. | Web address for agency: |  |
| 6. | Public email address: |  |
| 7. | Person in charge: |  | Title: |  |
| 8. | Hours/days of operation (e.g., Mon-Fri 8:30am-5pm): |  |
| 9. | Length of time agency has been in operation: |  |
| 10. | What is the general purpose/goal of your agency? Usually an agency mission statement answers this question. |
|  |  |
| 11. | Type of organization: *(Please mark the appropriate boxes.)* |
|  |  |  | Governmental |  | For-Profit |  | Faith Based |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Not-for-profit (include tax ID# or copy of 501c3 certification) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Other (Explain): |  |

### IN211 Inclusion Request Form

### PROGRAM Information

Note: Please complete one Program Information Form for each program and site.

|  |  |  |
| --- | --- | --- |
| 1. | Program name: |  |
| 2. | Agency in charge of program: |  |
| 3. | Address of program: |  | Same as agency |
|  | Street: |  |
|  | City: |  | State: |  | Zip code: |  |
| Name of Building: |  |
| 4. | Program phone number(s): |
|  | Telephone |  | Fax |  | TTY |  |
|  | Toll-Free |  | Other:  |  |  |  |
| 5. | Email address for program: |  |
| 6. | Web address for program: |  |
| 7. | Person in charge of program: |  |
|  | E-mail address: |  | Title: |  |
| 8. | Program description: |
|  |  |
| 9. | If the program has a waiting list or period what is the average wait? |  |
| 10. | Hours and days offered: |  |
| 11. | Fees, if any, for receiving services? If the program has a fee structure, such as sliding scale, please give a brief description explaining the maximum/minimum and what it is based on: |
|  |  |
| 12. | Can clients access services directly? |  | yes |  | no |
| If not, what type of referral (written, telephone) is required and from whom? |
|  |  |

***Continued***

|  |  |
| --- | --- |
| 13. | **Eligibility Requirements:** Describe requirements to obtain services (write “None” on any that don’t apply): |
| • | Living in a set geographic area (describe boundaries): |  |
| • | Income limits (specific or general, such as “low income”): |  |
| • | Age range served: |  |
| • | Gender served: |  |
| • | Other requirement: |  |
| • | Other requirement: |  |
| 14. | **Intake Procedure:** Describe the process to become a client or to apply for services. For example, should individuals call first or simply walk in? Are there special instructions that should be given to a client when referring to this program/service? For example, arrive early and wait in line? Leave a phone message and wait for a call back?  |
|  |  |
| 15. | **What to Bring:** What documentation or other items should individuals bring with them to receive service? Examples:proof of address (be specific about what qualifies); proof of income (be specific about what qualifies); picture ID, social security cards (for self, for all in household?), written parental permission, etc. |
|  |  |
| 16. | **Language Capabilities:** Explain availability of any language other than English (including American Sign Language), and describe any special availability issues (such as by appointment or only at certain times): |
|  |  |
| 17. | What is the maximum program capacity? |  |
| 18. | Please check all that apply:  |
|  |  | Program location is accessible to wheelchairs |  | General parking is available |
|  |  | Wheelchair accessibility is limited (please explain) |  | Location is on a bus route |
| 19. | Forms of payment accepted (if applicable):  |

|  |  |  |  |
| --- | --- | --- | --- |
| Cash\_\_\_ | Cashier’s Check\_\_\_ | Certified Check\_\_\_ | Check\_\_\_ |
| Credit Card\_\_\_ | Debit Card\_\_\_ | Money Order\_\_\_ | Medicaid\_\_\_ |
| Medicaid Waiver\_\_\_ | Medicare\_\_\_ | Healthy Indiana Plan (HIP 2.0)\_\_\_ | Private Insurance\_\_\_ |

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