



Note: The information you provide will be used on FIRST Line Online, the new web based Community Resource Guide; the 2007 Directory of Community Resources and to make referrals to over 1,200 callers each month.

Please complete all information that applies to your organization.

Agency Information

Name of Agency _____

What is the official name of the agency? Please include the "Inc." if there is one.

Please provide any name the agency may also be known as in the community (former names, acronyms or short names).

Agency Address:
Main Address:

Street: _____

City: _____ ZIP: _____

Mailing Address of AGENCY: (if different from above)

Street: _____
City: _____ ZIP: _____

Additional addresses for Agency: (branches, program locations)

Street: _____
City: _____ ZIP: _____

Phone Number(s) of Agency: Only identify the numbers for the agency's headquarters. Identify individual phone numbers for programs on the "Program Information" pages.

() _____ Local () _____ Toll-free
() _____ Local () _____ After Hours
() _____ TTY _____ E-Mail Address
() _____ FAX _____ Website Address

Are any numbers confidential? Yes No Please identify them with an asterisk (*)

Title of Person in Charge of Agency:

(What is the title used for the person in charge of the entire agency, Executive Director, Manager, etc.?)

Name of Person in Charge of Agency:

(Who holds the title identified above?)

Federal ID # (Enter number, along with any dashes or other characters)

Days/Hours Agency is Open for Business: Please give the hours your agency administration staff is available. If agency and program are the same, complete this part and ignore the similar questions in the "Program Information" section.

Circle all days that apply: **S M T W TH F SA 24 hours/7 days per week**
Hours:

FIRST Line would like a name of a key person to use as the contact for questions and updates. Please provide the information below:

Name: _____ **Title:** _____

Phone: _____ **Email:** _____

Briefly state the General Purpose/Goal of the Agency? Make a general statement about the agency's reason for being. The agency "Mission Statement" will serve this purpose.

Full Description of the Agency:

Agency Information:

Agency is: Mark the appropriate space.

- Federal Government State Government City, County, or Town Government (circle one)
- Private non-profit Private for profit Educational Institution
- Other: _____

List any type of license your agency may have

Other Eligibility Restrictions/Requirements: Please check what is required for someone to obtain services from the agency. **If this varies for each program leave this section blank and include the information for each program on the individual program listing.**

Check all that apply and provide the parameters where required:

- Gender: Male or Female (circle one or both if apply) Veteran
- Parental/Guardian Permission Military
- Age: over: _____ under: _____ Marital Status: _____
- Income: _____ Must be resident of: _____
- Other: _____

Geographic Service Area: If this pertains to the whole agency, please describe area or boundaries here.

If this varies for each program, mark this space: _____ Variable **by program, see individual program listings.**

Intake Procedure: Please check what is necessary to receive services. **If this varies for each program leave this section blank and include the information for each program on the individual program listing.**

- Unrestricted
- Telephone Referral Accepted
- Walk-Ins Accepted
- Specific Documents Required: (Birth Certificate, Medical Records, Proof of Income)
- Appointment Required
- Written Application Required
- Professional Referral Required

Fees: Please check all that apply. **If this varies for each program leave this section blank and include the information for each program on the individual program listing.**

- No Charge
- Charges vary with income
- Discounts for certain clients (specify) _____
- Appointment Required
- Charges for certain services: (specify) _____

Accepted methods of payment: Please check all that apply. **If this varies for each program leave this section blank and include the information for each program on the individual program listing.**

- Cash
- Medicare
- Private Insurance
- Vendor payments: (Specify) _____
- Check
- Credit Card
- Terms Available
- CHAMPUS
- Medicaid

Facility Accessibility: Please check all that apply. **If this varies for each program leave this section blank and include the information for each program on the individual program listing.**

- Agency accessible by bus
- Internal access for wheelchairs
- Necessary to negotiate steps
- Not accessible
- Other: (Specify) _____
- Front entrance
- Partially accessible
- Entrance ramp available
- Elevator available
- Fully accessible
- Curb ramp from parking lot
- Operates own transportation

Other Language Capabilities (including sign language and TDD):

List each language and its availability; e.g. At all times, during office hours, between the hours of 8-1, on-call only, etc.

Additional locations/branches: Use this space to list additional agency locations or branches. You may number your "Program Information" section pages and then just list by number the programs which are available at each location.

NAME	ADDRESS	PHONE	PROGRAMS

Volunteer Opportunities:

Donations Needed: _____

Please return this form to Cynthia Ennis, FIRST Line Resources Consultant by email enniscf@forsyth.cc; fax 336-748-3737 or mail to FIRST Line, 660 West Fifth Street, WS, NC 27101