211 HELP!Line Database Form

Agency Information

Agency Name: _____

Address: _____

Mailing Address if different:

_____

City: _____ State: _____ Zip: _____

Telephone Numbers: _____ Main

_____ Fax

_____ Other: _____

_____ Other: _____

E-mail Address: _____ Web site: _____

Agency Type:

_____ Non-Profit _____ Community Groups _____ Hobbies

_____ For-Profit _____ Service/Civic Club _____ Hotline

_____ Government _____ Support Group

_____ Religious _____ Professional Organization

_____ Other _____

Date this form filled out: _____

Person In-Charge of Agency: _____

Title: _____

Administrative Hours: _____

Description (general agency description, please attach an agency brochure if available):

_____

_____

_____

_____

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_____

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