



211 HELP!Line Database Form



Program Information (copy as needed)

Program Name: _____

Address: _____

Mailing Address if different: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: Main: _____

Fax: _____ Other: _____

E-mail Address: _____ Web site: _____

Date this form filled out: _____

Person In-Charge of Program: _____

Title: _____

Intake Procedure: _____

Service Hours: _____

Fees: _____

Who is eligible for this program? (be specific, example: open to all, 16 years and younger, only serves people receiving Medicaid): _____

Service Area (counties and communities served): _____

Program Description (please list services you offer to anyone meeting your eligibility requirements. Callers are referred based on this description. Be as specific as possible and attach program brochure if available): _____

For purposes of updating your program information through the website database, list up to 2 people who would be authorized to update the information:

Authorized Update Person: 1. _____ 2. _____

E-Mail Address: 1. _____ 2. _____

Inclusion in the HELP!Line Center, Inc. database should in no way be construed to constitute an endorsement of an agency or organization or its service, nor should exclusion be construed to constitute disapproval. The information that appears in the HELP!Line Center, Inc. database is provided by the agencies and organizations. We make no representation with respect to the completeness of the information. HELP!Line Center, Inc. reserves the right to remove or exclude any organization from their resource file for any reason. A copy of the inclusion/exclusion guidelines is