



United Way
of the Coastal Empire

AGENCY/PROGRAM INFORMATION FORM

Agency Name	
Physical Address	
City/State/Zip	
Mailing Address	
City/State/Zip	

Type of Agency (Please circle those that apply)

Private/Non-Profit Profit Governmental Religious
 Membership Not Classified Volunteer Private Practice

Person in Charge		Title	
Office Phone	() -	Other	() -
Fax Number	() -		

Email	
Website	

Hours/Days of Operation	
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Please name and describe all the services/programs agency offers to the public: (use additional paper if necessary)

Who is eligible for these services?

Please describe any intake processes, for example, a client must have a referral, or fill out appropriate paperwork before receiving your services:

Are there any fees associated with your services? What are they? List accepted insurance(s).

Please list any languages, other than English, that you provide services in:

In what areas (counties, cities, states) are your services available?

Do you provide any type of transportation to the services? If you are located on a public transportation route, please list that route number here.

For addition information or for assistance completing this application, call(912) 651-7730 or 2-1-1

Mail this form to:
United Way 2-1-1
Attn: Trudy Jones
428 Bull Street
PO Box 2946
Savannah, GA 31402

Fax this form to: (912) 651-4010
or
Email this form to 211@uwce.org