



Get Connected. Get Help.™

## 2-1-1 TN Agency Survey Form

**Legal Agency Name:** \_\_\_\_\_

**A.K.A. (s)** \_\_\_\_\_

**1. Legal Organizational Status:** Federal \_\_\_\_ State \_\_\_\_ County \_\_\_\_ City \_\_\_\_  
Non-Profit \_\_\_\_ 501(c)3 \_\_\_\_ Faith-based \_\_\_\_ For profit \_\_\_\_ Other \_\_\_\_

**2. Brief Agency Description** **NOTE: not a mission statement, give a sentence or two about what your agency does. specific services will be listed later in the form**

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**3. Director Name/Title:** \_\_\_\_\_

**4. Service Area:** Choose the description that best reflects your service area.

Specific Town/City \_\_\_\_\_

Specific Zip Code(s) \_\_\_\_\_

Specific County/Counties: \_\_\_\_\_

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Statewide \_\_\_\_ Nationwide \_\_\_\_ Other \_\_\_\_\_

**5. Funding Sources:** Federal \_\_\_\_ State \_\_\_\_ County \_\_\_\_ City \_\_\_\_ Donations \_\_\_\_  
Foundations/Private Org. \_\_\_\_ Fees/Dues \_\_\_\_ United Way \_\_\_\_ Other \_\_\_\_\_

**6. Location:** (Additional physical locations will be added as new profiles) List additional locations & the services each offers on separate sheets.)

Is the physical address confidential? Yes \_\_\_\_ No \_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: (Only list if different from Physical.) \_\_\_\_\_

County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is an attachment enclosed for additional locations? Yes \_\_\_\_ No \_\_\_\_

**7. Contact Information:**

Main Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Toll Free #: \_\_\_\_\_ TDD/TTY #: \_\_\_\_\_

Alternate Numbers: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

**8. Languages:** In addition to English, what languages are spoken by at least one of your part-time staff? American Sign \_\_\_\_ Spanish \_\_\_\_ Tele-interpreter Service \_\_\_\_  
Other \_\_\_\_\_  
Can any languages be provided with prior notice? If so, list: \_\_\_\_\_

**9. Accessibility:** Is your facility accessible to people with disabilities as defined by the Americans with Disabilities Act (ADA)? Yes \_\_\_\_ No \_\_\_\_

**10. Hours of Operation:**

Regular Office Hours: \_\_\_\_ am / pm to \_\_\_\_ am / pm Days: Mon Tue Wed Thu Fri Sat Sun  
\_\_\_\_\_

**11. Person to contact for annual agency update** \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Would you like this information to be hidden from the website \_\_\_\_\_

**12. Descriptions of Services: Questions below need to be answered for each service.**

Please list separately each of the primary services offered through your agency.

Please be as detailed in your description as possible, and answer the questions about eligibility, application process, fees and required documents for **each** service: attach additional pages for more than 5 services. Please **DO NOT** just copy your Mission Statement or send us brochures.

**Service #1**

Full Description: \_\_\_\_\_

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Contact Person: (**Only add Contact Person here if different from Director given in question 3 or if contact persons differ by service.**)  
\_\_\_\_\_

**Hours:**

**Eligibility:** Who is eligible for this service? Who is the population the service is trying to serve?

It is okay to restrict services to certain populations based on gender; family status, disability, age, personal situations, etc. (i.e. battered women with children, people with visual impairments, homeless men, etc.) This helps us to make appropriate referrals.

Eligibility Requirements: \_\_\_\_\_

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**Application Process:** How would someone apply for this service?

Walk-in \_\_\_\_ Telephone \_\_\_\_ Call to Schedule Appointment \_\_\_\_

Last updated 03/21/2023

Apply Online \_\_\_\_\_ Other \_\_\_\_\_  
Referral Required: By Whom? \_\_\_\_\_

**Fees:** Are individuals charged for your services? What is your fee structure?

No Fee \_\_\_\_\_ Straight Fee: please specify \_\_\_\_\_  
Sliding Scale Fee \_\_\_\_\_ Insurance: Medicaid/TennCare \_\_\_\_\_ Medicare \_\_\_\_\_ Private \_\_\_\_\_

**Required Documents:** What would someone need to bring when applying?

No Documents \_\_\_\_\_ State Issued I.D. \_\_\_\_\_ Social Security Card \_\_\_\_\_ Proof of  
Residence \_\_\_\_\_ Proof of Income \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Medical Records \_\_\_\_\_ Psych  
Records \_\_\_\_\_ Proof of Need \_\_\_\_\_ Utility Bill \_\_\_\_\_ Utility Bill Cutoff Notice \_\_\_\_\_  
Proof of Citizenship \_\_\_\_\_ Proof of Public Assistance \_\_\_\_\_ Drivers License \_\_\_\_\_  
Other: Specify \_\_\_\_\_

### **Service #2**

Full Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: **(Only add Contact Person here if different from Director given in question 3 or if contacts differ by service.)** \_\_\_\_\_

**Eligibility:** Who is eligible for this service?

Eligibility Requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application Process:** How would someone apply for this service?

Walk-in \_\_\_\_\_ Telephone \_\_\_\_\_ Call to Schedule Appointment \_\_\_\_\_  
Apply Online \_\_\_\_\_ Other \_\_\_\_\_  
Referral Required: By Whom? \_\_\_\_\_

**Fees:** Are individuals charged for your services? What is your fee structure?

No Fee \_\_\_\_\_ Straight Fee: please specify \_\_\_\_\_  
Sliding Scale Fee \_\_\_\_\_ Insurance: Medicaid/TennCare \_\_\_\_\_ Medicare \_\_\_\_\_ Private \_\_\_\_\_

**Required Documents:** What would someone need to bring when applying?

No Documents \_\_\_\_\_ State Issued I.D. \_\_\_\_\_ Social Security Card \_\_\_\_\_ Proof of  
Residence \_\_\_\_\_ Proof of Income \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Medical Records \_\_\_\_\_ Psych  
Records \_\_\_\_\_ Proof of Need \_\_\_\_\_ Utility Bill \_\_\_\_\_ Utility Bill Cutoff Notice \_\_\_\_\_  
Proof of Citizenship \_\_\_\_\_ Proof of Public Assistance \_\_\_\_\_ Drivers License \_\_\_\_\_  
Other: Specify \_\_\_\_\_

### **Service #3**

Full Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Contact Person: (**Only add Contact Person here if different from Director given in question 3 or if contacts differ by service.**) \_\_\_\_\_

**Eligibility:** Who is eligible for this service?

Eligibility Requirements: \_\_\_\_\_

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**Application Process:** How would someone apply for this service?

Walk-in \_\_\_\_\_ Telephone \_\_\_\_\_ Call to Schedule Appointment \_\_\_\_\_

Apply Online \_\_\_\_\_ Other \_\_\_\_\_

Referral Required: By Whom? \_\_\_\_\_

**Fees:** Are individuals charged for your services? What is your fee structure?

No Fee \_\_\_\_\_ Straight Fee: please specify \_\_\_\_\_

Sliding Scale Fee \_\_\_\_\_ Insurance: Medicaid/TennCare \_\_\_\_\_ Medicare \_\_\_\_\_ Private \_\_\_\_\_

**Required Documents:** What would someone need to bring when applying?

No Documents \_\_\_\_\_ State Issued I.D. \_\_\_\_\_ Social Security Card \_\_\_\_\_ Proof of

Residence \_\_\_\_\_ Proof of Income \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Medical Records \_\_\_\_\_ Psych

Records \_\_\_\_\_ Proof of Need \_\_\_\_\_ Utility Bill \_\_\_\_\_ Utility Bill Cutoff Notice \_\_\_\_\_

Proof of Citizenship \_\_\_\_\_ Proof of Public Assistance \_\_\_\_\_ Drivers License \_\_\_\_\_

Other: Specify \_\_\_\_\_

#### **Service #4**

Full Description: \_\_\_\_\_

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Contact Person: (**Only add Contact Person here if different from Director given in question 3 or if contacts differ by service.**) \_\_\_\_\_

**Eligibility:** Who is eligible for this service?

Eligibility Requirements: \_\_\_\_\_

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**Application Process:** How would someone apply for this service?

Walk-in \_\_\_\_\_ Telephone \_\_\_\_\_ Call to Schedule Appointment \_\_\_\_\_

Apply Online \_\_\_\_\_ Other \_\_\_\_\_

Referral Required: By Whom? \_\_\_\_\_

**Fees:** Are individuals charged for your services? What is your fee structure?

Last updated 03/21/2023

No Fee\_\_\_\_ Straight Fee: please specify \_\_\_\_\_  
Sliding Scale Fee\_\_\_\_ Insurance: Medicaid/TennCare\_\_\_\_ Medicare\_\_\_\_ Private\_\_\_\_

**Required Documents:** What would someone need to bring when applying?

No Documents\_\_\_\_ State Issued I.D.\_\_\_\_ Social Security Card\_\_\_\_ Proof of  
Residence\_\_\_\_ Proof of Income\_\_\_\_ Birth Certificate\_\_\_\_ Medical Records\_\_\_\_ Psych  
Records\_\_\_\_ Proof of Need\_\_\_\_ Utility Bill\_\_\_\_ Utility Bill Cutoff Notice\_\_\_\_  
Proof of Citizenship\_\_\_\_ Proof of Public Assistance\_\_\_\_ Drivers License\_\_\_\_  
Other: Specify\_\_\_\_\_

### **Service #5**

Full Description:\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: (**Only add Contact Person here if different from Director given in question 3 or if contacts differ by service.**) \_\_\_\_\_

**Eligibility:** Who is eligible for this service? It is okay to restrict services to certain populations based on gender; family status, disability, age, personal situations, etc. (i.e. women who are in domestic abuse situations and have children, people with visual impairments, men who are homeless, etc.) This helps us to make appropriate referrals.

Eligibility Requirements:\_\_\_\_\_  
\_\_\_\_\_

**Application Process:** How would someone apply for this service?

Walk-in\_\_\_\_ Telephone\_\_\_\_ Call to Schedule Appointment\_\_\_\_  
Apply Online\_\_\_\_ Other\_\_\_\_\_  
Referral Required: By Whom? \_\_\_\_\_

**Fees:** Are individuals charged for your services? What is your fee structure?

No Fee\_\_\_\_ Straight Fee: please specify \_\_\_\_\_  
Sliding Scale Fee\_\_\_\_ Insurance: Medicaid/TennCare\_\_\_\_ Medicare\_\_\_\_ Private\_\_\_\_

**Required Documents:** What would someone need to bring when applying?

No Documents\_\_\_\_ State Issued I.D.\_\_\_\_ Social Security Card\_\_\_\_ Proof of  
Residence\_\_\_\_ Proof of Income\_\_\_\_ Birth Certificate\_\_\_\_ Medical Records\_\_\_\_ Psych  
Records\_\_\_\_ Proof of Need\_\_\_\_ Utility Bill\_\_\_\_ Utility Bill Cutoff Notice\_\_\_\_  
Proof of Citizenship\_\_\_\_ Proof of Public Assistance\_\_\_\_ Drivers License\_\_\_\_  
Other: Specify\_\_\_\_\_

### **13. Volunteer Opportunities:**

Does your organization accept volunteers? Yes\_\_\_\_ No\_\_\_\_

If so, who is eligible to volunteer? (**List type of volunteer work, age, training, background checks, other requirements for your volunteers**)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Coordinator: \_\_\_\_\_ Phone #: \_\_\_\_\_

**14. Donations:**

Does your organization accept ongoing, non-monetary donations in support of programs or services? (Example: pet food, clothing, appliances, furniture)

If yes, please list \_\_\_\_\_

Do you provide pick-up service? (If so, Where) \_\_\_\_\_

Donation Coordinator: \_\_\_\_\_ Phone #: \_\_\_\_\_

**15.** Are there other agencies or services that have been helpful that you would recommend to be included in our resource database? If so, please provide contact information for these agencies/services. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please fax, e-mail, or mail this form to the appropriate 2-1-1 representative for each division of the state (statewide service agencies can be submitted to any representative below.)**

**If your agency serves and/or is located in West TN:**

**Memphis 2-1-1**

**LINC/2-1-1, Memphis Public Library & Information Center**

Jerry Bobbitt, Database Coordinator

3030 Poplar Ave

Memphis, TN 38111

Email: [Jerry.Bobbitt@memphistn.gov](mailto:Jerry.Bobbitt@memphistn.gov)

Telephone: (901) 415-2783

**If your agency serves and/or is located in Middle TN:**

**Middle TN 2-1-1**

**United Way of Greater Nashville**

2-1-1 Resource Department

Email: [211tn@unitedwaygn.org](mailto:211tn@unitedwaygn.org)

Telephone: (615) 780-2449

Fax: (615) 780-2426

**If your agency serves and/or is located in East TN:**

**East TN 2-1-1**

**Knox County Office on Aging**

Pat Roney

PO Box 51650

Knoxville, TN 37950-1650

Email: [Pat.roney@knoxseniors.org](mailto:Pat.roney@knoxseniors.org)

Telephone: (865) 523-1329

Fax: (865) 523-7869

**If your agency serves and/or is located in Southeast TN,  
Northwest Georgia or Northeast Alabama:**

***Please note: Chattanooga 2-1-1 prefers to use its own  
survey agency form, so contact them directly if your agency serves that area.***

**Chattanooga 2-1-1**  
**United Way of Greater Chattanooga**  
Mike Mudd, 2-1-1 Director  
PO Box 4027  
Chattanooga, TN 37405  
Email: [Mikemudd@uwchatt.org](mailto:Mikemudd@uwchatt.org)  
Telephone: (423) 752-0345