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
_____
_____
_____
_____

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:_____
_____
_____
_____
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: _____

Last updated 03/21/2023

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.

<u>Service #1</u>
Full Description: _____
_____
_____
_____
_____
_____

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:_____
_____

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 #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: _____
_____
_____

_____
_____
_____

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_____

<u>Service #4</u>
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 #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)
_____
_____
____ _____

Last updated 03/21/2023

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
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
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
Telephone: (865) 523-1329
Fax: (865) 523-7869

Last updated 03/21/2023

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
Telephone: (423) 752-0345