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**2-1-1 REOURCE DATABASE REQUEST FOR LISTING**

**Community Service Providers** in Marathon, Portage, Lincoln, Oneida, and Vilas Counties

**AGENCY INFORMATION**

Agency Name: Click or tap here to enter text.

Name & Title of Person in Charge: Click or tap here to enter text.

Street Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

Mailing Address (if different from Street Address): Click or tap here to enter text.

Main Office Phone: Click or tap here to enter text. Toll Free: Click or tap here to enter text.

Fax: Click or tap here to enter text.

Agency Email: Click or tap here to enter text.

Agency Website: Click or tap here to enter text.

Agency Type:

Non-Profit For-Profit Faith Based Coalition/Group Government Tribal

Brief description of your agency:

Click or tap here to enter text.

**SERVICE INFORMATION**

Service Name: Click or tap here to enter text.

Street Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

Mailing Address (if different from Street Address): Click or tap here to enter text.

Service Office Phone: Click or tap here to enter text. Toll-Free: Click or tap here to enter text.

TTY/TDD: Click or tap here to enter text. Fax: Click or tap here to enter text.

Service Email: Click or tap here to enter text.

Service Website: Click or tap here to enter text.

**Service Contact Information (public contacts):**

Primary Public Contact

Name & Title: Click or tap here to enter text.

Phone: Click or tap here to enter text. Extension: Click or tap here to enter text.

Email: Click or tap here to enter text.

Alternate Contacts

Name & Title: Click or tap here to enter text.

Phone: Click or tap here to enter text. Extension: Click or tap here to enter text.

Email: Click or tap here to enter text.

Name & Title: Click or tap here to enter text.

Phone: Click or tap here to enter text. Extension: Click or tap here to enter text.

Email: Click or tap here to enter text.

Services Offered (please attach additional pages if needed):

Click or tap here to enter text.

Ages Served: Click or tap here to enter text.

Eligibility: Click or tap here to enter text.

Application/Intake Procedure: Click or tap here to enter text.

What to Bring to 1st Appointment: Click or tap here to enter text.

Fees: Click or tap here to enter text.

Method of Payment Accepted:

BadgerCare Medicaid Medicare Private Pay

Private Insurance Sliding Fees Other: Click or tap here to enter text.

Service Hours of Operation or Meeting Times: Click or tap here to enter text.

Interpreter Service/American Sign Language Available:

Click or tap here to enter text.

Geographic Area Served (e.g., city, county, statewide):

Click or tap here to enter text.

**Person Responsible for Verifying Agency and Service Information in the 2-1-1 Database**

Name & Title: Click or tap here to enter text.

Phone: Click or tap here to enter text. Extension: Click or tap here to enter text.\_\_\_\_\_\_\_

Email: Click or tap here to enter text.

***I authorize United Way’s 2-1-1 to include this information in their resource database and to share with individuals who contact them for information and referrals.***

**May we include your information in our public online database? Yes No**

**May we include your information in our print publications? Yes No**

Your Name & Title: Click or tap here to enter text.

Email: Click or tap here to enter text. Phone: Click or tap here to enter text.

Today’s Date: Click or tap here to enter text.

Please submit this request by:

E-mail to [mschreiber@unitedwaymc.org](mailto:mschreiber@unitedwaymc.org),

Fax at (715) 848-2929,or

Mail to

United Way’s 2-1-1

United Way of Marathon County

705 S. 24th Ave. Ste. 400B

Wausau, WI 54401

If you have questions or need assistance filling out the form, please contact United Way’s 2-1-1 at (715) 848-2927, Monday – Friday, 8:00am – 5:00pm.

**Internal Use Only**

Date of Receipt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meets Inclusion Policies \_\_\_ Yes \_\_\_ No

Staff Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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