

Wiregrass United Way 2-1-1 Southeast Alabama

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DOTHAN, ALABAMA 36301

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Agency/Program Information Request

OPERATING AGENCY: _____

- Street Address & Zip: _____
- Attention: _____
- Mailing Address & Zip: _____
- City, State: _____
- Type of Agency (circle one): Private, Non-Profit; Profit; Governmental; Religious; Membership; Volunteer;
Private Practice; Education; College/University; Public, Non-Profit
- Person In Charge: _____ Title: _____
- Telephone Number: _____ Fax Number: _____
- E-mail: _____ Web Site: _____
- Hours of Operation: _____
- Agency Description: _____

Please prepare a form for EACH program that operates under the umbrella of your agency.

PROGRAM NAME: _____

- Address & Zip (if different from above): _____
- Person in charge of Program (if other than agency director): _____
Name & Title: _____
- Telephone #: _____ Fax #: _____
- E-mail: _____ Web Site: _____
- Hours of Operation: _____
- Program Description: (Purpose & Services Offered): _____

• Who is Eligible for your Program? _____

• What are the Fees? (if any) _____

• What is the Intake Procedure to use your Program? _____

• Languages: (i.e.: English, Spanish, Other with interpreters, etc.) _____

• Counties or Cities your Program Serves :(i.e.: Dothan, Coffee, Henry, etc.) _____

Suggested Key Words to use for our search when referring to your Program: _____

(Date completed: _____ Completed by: _____)