

SC 2-1-1
United Way Association of South Carolina
Agency Survey – Form

Agency Name: _____

Official Name: _____

Other names (AKA, acronyms, former, DBA, etc.): _____

Organization has been in operation since: _____

Location: What is the physical address of your organization?

Address: _____

County: _____

City: _____ State: _____ Zip Code: _____

Is the physical address confidential Yes No

Is your business home based? Yes No

Is the mailing address different from the physical address? If yes, please indicate mailing address below

Address: _____

County: _____

City: _____ State: _____ Zip Code: _____

Client Contact Information:

Main Number: _____

Fax Number: _____

TDD (Telecommunication Device for the Deaf) Number: _____

Organization E-Mail Address: _____

Web Address: _____

Director Name/Title: _____

Contact telephone: _____ Email: _____

Is your contact information available to the public? Yes No

Second Contact Name/Title: _____

Contact telephone: _____ Email: _____

Hours of Operation:

Regular office hours: _____ to _____

Days (select): Mon Tue Wed Thur Fri Sat Sun

Please list special services that have limited hours/days or special intake hours if applicable.

Eligibility: Who is eligible for your services?

It is okay to restrict services to certain populations based on gender, family status; disability, personal situations, etc. (i.e. battered women with children, or people with visual impairments, or homeless men, etc.) This helps us make appropriate referrals to you. Please use the back of form if more space is needed.

Service Description:

Please list the primary services offered to anyone meeting your eligibility requirements. Please be as detailed in your description as possible; attach additional pages, or any pamphlets or flyers.

*	_____	*	_____
*	_____	*	_____
*	_____	*	_____
*	_____	*	_____
*	_____	*	_____
*	_____	*	_____

Intake/Application Process: What are your intake procedures?

Walk-in Telephone Appointment only Referrals required: By whom? _____

Service Area: Please indicate the area(s) you serve. City(ies) or County(ies) or Zip Codes:

Program Fees: Are individuals charged for your services? Yes No

If so, please choose appropriate fee:

Straight Fee; please specify

Sliding Fee Scale; please specify eligibility and range

Languages: In addition to English, what languages are routinely spoken by your staff?

None Spanish American Sign Language Other, please specify: _____

Literature/information available in Spanish

Required Documentation:

None required Picture ID/License Social Security Card Birth Certificate

Proof of Residence Proof of Income Proof of Bill Eviction Notice

Utility cut off notice Medical/Psychiatric records

Other document (specify) _____

Accessibility:

What accommodations does your facility provide to people with disabilities as defined by the Americans with Disabilities Act (ADA)?

Designated parking Indoor wheelchair access Outside ramps Elevators No access

Brochures on File:

Yes No

Please check the one answer that indicates your agency's organizational status.

Federal State City County Non-profit Religious Non-profit/other For profit

Do you accept Volunteers?

Yes No

If so, please list specific volunteer opportunities below:

*	_____	*	_____
*	_____	*	_____
*	_____	*	_____
*	_____	*	_____
*	_____	*	_____
*	_____	*	_____

Donations Accepted (Please list specific donations)

*	_____	*	_____
*	_____	*	_____
*	_____	*	_____
*	_____	*	_____
*	_____	*	_____

If your organization has multiple branches throughout the State of South Carolina, please fill out one form per location.

CHECK IF INFORMATION IS CORRECT

Sign and Date: _____ Title: _____

Date: _____

Please mail/email completed form to:

UWASC
300 Arbor Lake Dr
Suite 100
Columbia, SC 29223

Attn: Jesus Caldera
E-mail to: 211helpline@sc211.info
Phone: 803-608-1409