



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 a below	address? If yes, please indicate mailing address								
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: Ema	ail:								
Is your contact information available to the public	? Yes No								
Second Contact Name/Title:									
Contact telephone: Ema	ail:								
Hours of Operation:									
Regular office hours: to									
Days (select): Mon Tue Wed	Thur Fri Sat Sun								
Please list special services that have limited hours	s/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 Descr		mices offered to any	ana maating yayr aligil	ailitu raquiramanta Dla	asa ba
		•	0,	oility requirements. Ple ny pamphlets or flyers.	
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Intake/Applic	ation Process:	What are your intak	e procedures?		
Walk-in	Telepho	ne Appointment	only Referrals requ	uired: By whom?	
Service Area:	Please indicat	te the area(s) you serv	ve. City(ies) or County(ies) or Zip Codes:	
Dragram Face	· Aro individu	als charged for your s	ervices? Yes	No	
_			ervices: res	NO	
•	e choose appr	•			
Straig	tht Fee; please	specify			
Slidin	g Fee Scale; pl	ease specify eligibility	and range		
Languages: In	addition to Er	nglish, what languages	s are routinely spoken	by your staff?	
None	Spanish	American Sign La	anguage Other, pl	ease specify:	
Litera	ture/informati	on available in Spanis	h		
Required Doc	umentation:	·			
•		Picture ID/License	Social Socurity Card	Birth Certificate	
	·		•		
	of Residence			Eviction Notice	
Utility	y cut off notice	e Medical/Psychi	iatric records		
Othe	r document (s	pecify)			

Accessibility:								
What accomm Americans with		•		ide to peop	le with disabil	ities as c	lefined by tl	ne
Designate	ed parking	Indoo	r wheelcha	ir access	Outside ram	ps E	levators	No access
Brochures on I	File:							
Yes	No							
Please check t	he one ansv	wer that i	indicates y	our agency	s organization	nal statu	s.	
Federal	State	City	County	Non-pro	fit Religious	Non-p	rofit/other	For profit
Do you accept	Volunteers	?						
Yes	No							
If so, please lis	t specific vo	lunteer c	pportunitie	es below:				
*				**				
*				*				
*				*				
*				*				
*				[*]				
Donations Acc	epted (Plea	se list sp	ecific dona	tions)				
*				*				
*								
*				*				
If your organiz form per locat		nultiple l	oranches th	nroughout 1	he State of So	outh Car	olina, pleas	e fill out one
CHECK IF I	NFORMATI	ON IS CO	RRECT					
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