

Instructions for completing this registration form: Tab or mouse to the fields below and enter all applicable information. Complete a **PROGRAM INFORMATION** section for each program/service your organization offers. When complete go to FILE > Send > Email. Email as an attachment to contact@paonline.com. If you have any questions about completing this registration form, please call the CONTACT Helpline business office @ 717 652-4987



CONTACT Helpline/ PA 2-1-1 Capital Region Agency/Program Registration Form



AGENCY INFORMATION

Official Agency Name:

Also Known As (AKA, Alias, Acronym, Short name) :

Physical Address – Confidential? y/n :

City:	State:	Zip:
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Organization Email:	Is the building wheelchair accessible?
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Organization Website:	Phone:
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TTY:	Toll Free:
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Fax:	Other Contact details:
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Employer Identification Number:

Mailing address (if different from Physical Address):

City:	State:	ZIP:
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Agency Main Office hours :

Description of Agency:

AGENCY DIRECTOR/ADMINISTRATOR INFORMATION

Name:	Title:
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Phone:	E-mail:
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ADMINISTRATIVE CONTACT PERSON (Required) – Please provide us with someone for us to contact with questions about this form and to request updates from. This information is not made available to the public.

Name:	Phone:
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E-mail:	Updates to be requested : <input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Quarterly <input type="checkbox"/>
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I hereby certify that the above named agency meets one of the following criteria (Check all that apply):

- Be a non-profit agency, support group or governmental agency (local, county, state, federal)
- Provides contracted services for a county or state organization _____
- Offer direct services to the residents of Adams, Cumberland, Dauphin, Franklin, Perry or York Counties
- For profit agencies are considered for inclusion if they provide a unique human service which is not duplicated by a non-profit agency. These agencies must accept Medicare (Medical assistance insurance) and/or have a sliding scale fee based on the client's "ability to pay".

In addition to providing information about your organization's services over the telephone. CONTACT Helpline disseminates information in printed directories and an online database. Many social service professionals and others use this information to refer their clients to your organization and programs. Please feel free to call us at 717 652-4987 if you have concerns or questions.

YES, I hereby authorize CONTACT Helpline /PA 2-1-1 Capital Region to use my organizations information for inclusion in any print or online publication of community resources. Information that is noted as not available to the public on the form will not be given to callers, nor will it be published in other formats.

NO, CONTACT Helpline/ PA 2-1- Capital Region does not have authorization to print my organization's information in any print or online publication of community resources. The information will continued to be provided to individuals who phone CONTACT Helpline / PA 2-1-1.

Signature:	Date:
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CONTACT Helpline/ PA 2-1-1 Capital Region Agency/Program Registration Form



PROGRAM INFORMATION

Program Name:

Physical Address (if different from Agency Physical Address) – Confidential? y/n :

City: State: ZIP Code:

Program Description (Fully describe the primary services offered to anyone meeting eligibility requirements. Note: Callers are referred based on your description.)

Eligibility :

Program hours:

Is the site wheelchair accessible? On a bus route?

Fees (Sliding scale? Insurance? Dues? Donations:

Intake (How does someone become involved? What should they bring? Telephone, walk-in? Appointment required?):

Languages other than English available:

Area Service (what is the geographic service area of the program?):

PROGRAM CONTACT INFORMATION

Name: Title:

Phone: E-mail:

UPDATE CONTACT INFORMATION (if different from the Agency Administrative Contact person. This information is not made available to the public.)

This is the person responsible for keeping the program information provided to CONTACT/ PA 2-1-1 up to date. Update reminders will be emailed on an [] Annual [] Biannual [] Quarterly basis

Name

Email:

Phone: