



2-1-1 TN Agency Survey Form

Legal Agency Name: _____

A.K.A. (s) _____

1. **Legal Organizational Status:** Federal ____ State ____ County ____ City ____
Non-Profit ____ 501(c)3 ____ Faith-based ____ For profit ____ Other ____

2. **Brief Agency Description (specific services will be listed later in the form)**

3. **Director Name/Title:** _____

4. **Service Area:** Choose the description that best reflects your service area.

Specific Town/City _____

Specific Zip Code(s) _____

Specific County/Countries: _____

Statewide ____ Nationwide ____ Other _____

5. **Funding Sources:** Federal ____ State ____ County ____ City ____ Donations ____
Foundations/Private Org. ____ Fees/Dues ____ United Way ____ Other _____

6. **Location:** (List additional locations & the services each offers on separate sheets.)

Is the physical address confidential? Yes ____ No ____

Physical Address: _____

Mailing Address: (Only list if different from Physical) _____

County: _____

City: _____ State: _____ Zip Code: _____

Is an attachment enclosed for additional locations? Yes ____ No ____

7. **Contact Information:**

Main Number: (____) _____ Fax #: (____) _____

Toll Free #: _____ TDD/TTY #: _____

Alternate Numbers: _____

E-mail Address: _____

Website: _____

8. Languages: In addition to English, what languages are spoken by at least one of your part-time staff? American Sign ____ Spanish ____ Tele-interpreter Service ____
Other _____
Can any languages be provided with prior notice? If so, list: _____

9. Accessibility: Is your facility accessible to people with disabilities as defined by the Americans with Disabilities Act (ADA)? Yes ____ No ____

10. Hours of Operation:
Regular Office Hours: ____am / pm to ____am / pm Days: Mon Tue Wed Thu Fri Sat Sun

11. Person to contact for annual agency update _____

12. Descriptions of Services: Questions below need to be answered for each service.
Please list separately each of the primary services offered through your agency.
Please be as detailed in your description as possible, and answer the questions about eligibility, application process, fees and required documents for **each** service: attach additional pages for more than 5 services. Please **DO NOT** just copy your Mission Statement or send us brochures.

Service #1

Full Description: _____

Contact Person: (**Only add Contact Person here if different from Director given in question 3 or if contact persons differ by service.**)

Eligibility: Who is eligible for this service? It is okay to restrict services to certain populations based on gender; family status, disability, age, personal situations, etc. (i.e. battered women with children, people with visual impairments, homeless men, etc.) This helps us to make appropriate referrals.
Eligibility Requirements: _____

Application Process: How would someone apply for this service?
Walk-in ____ Telephone ____ Call to Schedule Appointment ____
Apply Online ____ Other _____
Referral Required: By Whom? _____

Fees: Are individuals charged for your services? What is your fee structure?
No Fee ____ Straight Fee: please specify _____
Sliding Scale Fee ____ Insurance: Medicaid/TennCare ____ Medicare ____ Private ____

Required Documents: What would someone need to bring when applying?
No Documents ____ State Issued I.D. ____ Social Security Card ____ Proof of

Residence ___ Proof of Income ___ Birth Certificate ___ Medical Records ___ Psych
Records ___ Proof of Need ___ Utility Bill ___ Utility Bill Cutoff Notice ___
Proof of Citizenship ___ Proof of Public Assistance ___ Drivers License ___
Other: Specify _____

Service #2

Full Description: _____

Contact Person: (**Only add Contact Person here if different from Director given in question 3 or if contacts differ by service.**) _____

Eligibility: Who is eligible for this service?

Eligibility Requirements: _____

Application Process: How would someone apply for this service?

Walk-in ___ Telephone ___ Call to Schedule Appointment ___
Apply Online ___ Other _____
Referral Required: By Whom? _____

Fees: Are individuals charged for your services? What is your fee structure?

No Fee ___ Straight Fee: please specify _____
Sliding Scale Fee ___ Insurance: Medicaid/TennCare ___ Medicare ___ Private ___

Required Documents: What would someone need to bring when applying?

No Documents ___ State Issued I.D. ___ Social Security Card ___ Proof of
Residence ___ Proof of Income ___ Birth Certificate ___ Medical Records ___ Psych
Records ___ Proof of Need ___ Utility Bill ___ Utility Bill Cutoff Notice ___
Proof of Citizenship ___ Proof of Public Assistance ___ Drivers License ___
Other: Specify _____

Service #3

Full Description: _____

Contact Person: (**Only add Contact Person here if different from Director given in question 3 or if contacts differ by service.**) _____

Eligibility: Who is eligible for this service?

Eligibility Requirements: _____

Application Process: How would someone apply for this service?

Walk-in ___ Telephone ___ Call to Schedule Appointment ___
Apply Online ___ Other _____
Referral Required: By Whom? _____

Fees: Are individuals charged for your services? What is your fee structure?

No Fee ___ Straight Fee: please specify _____
Sliding Scale Fee ___ Insurance: Medicaid/TennCare ___ Medicare ___ Private ___

Required Documents: What would someone need to bring when applying?

No Documents ___ State Issued I.D. ___ Social Security Card ___ Proof of
Residence ___ Proof of Income ___ Birth Certificate ___ Medical Records ___ Psych
Records ___ Proof of Need ___ Utility Bill ___ Utility Bill Cutoff Notice ___
Proof of Citizenship ___ Proof of Public Assistance ___ Drivers License ___
Other: Specify _____

Service #4

Full Description: _____

Contact Person: (**Only add Contact Person here if different from Director given in question 3 or if contacts differ by service.**) _____

Eligibility: Who is eligible for this service

Eligibility Requirements: _____

Application Process: How would someone apply for this service?

Walk-in ___ Telephone ___ Call to Schedule Appointment ___
Apply Online ___ Other _____
Referral Required: By Whom? _____

Fees: Are individuals charged for your services? What is your fee structure?

No Fee ___ Straight Fee: please specify _____
Sliding Scale Fee ___ Insurance: Medicaid/TennCare ___ Medicare ___ Private ___

Required Documents: What would someone need to bring when applying?

No Documents ___ State Issued I.D. ___ Social Security Card ___ Proof of
Residence ___ Proof of Income ___ Birth Certificate ___ Medical Records ___ Psych
Records ___ Proof of Need ___ Utility Bill ___ Utility Bill Cutoff Notice ___
Proof of Citizenship ___ Proof of Public Assistance ___ Drivers License ___
Other: Specify _____

Service #5

Full Description: _____

Contact Person: **(Only add Contact Person here if different from Director given in question 3 or if contacts differ by service.)** _____

Eligibility: Who is eligible for this service? It is okay to restrict services to certain populations based on gender; family status, disability, age, personal situations, etc. (i.e. women who are in domestic abuse situations and have children, people with visual impairments, men who are homeless, etc.) This helps us to make appropriate referrals.

Eligibility Requirements: _____

Application Process: How would someone apply for this service?

Walk-in ____ Telephone ____ Call to Schedule Appointment ____
Apply Online ____ Other _____
Referral Required: By Whom? _____

Fees: Are individuals charged for your services? What is your fee structure?

No Fee ____ Straight Fee: please specify _____
Sliding Scale Fee ____ Insurance: Medicaid/TennCare ____ Medicare ____ Private ____

Required Documents: What would someone need to bring when applying?

No Documents ____ State Issued I.D. ____ Social Security Card ____ Proof of Residence ____ Proof of Income ____ Birth Certificate ____ Medical Records ____ Psych Records ____ Proof of Need ____ Utility Bill ____ Utility Bill Cutoff Notice ____ Proof of Citizenship ____ Proof of Public Assistance ____ Drivers License ____
Other: Specify _____

13. Volunteer Opportunities:

Does your organization accept volunteers? Yes ____ No ____

If so, who is eligible to volunteer? **(List type of volunteer work, age, training, background checks, other requirements for your volunteers)**

Volunteer Coordinator: _____ Phone #: _____

14. Donations:

Does your organization accept ongoing, non-monetary donations in support of programs or services? (Example: pet food, clothing, appliances, furniture)

If yes, please list _____

Do you provide pick-up service? (If so, Where) _____

Donation Coordinator: _____ Phone #: _____

15. Are there other agencies or services that have been helpful that you would recommend to be included in our resource database? If so, please provide contact information for these agencies/services. _____

Please fax, e-mail, or mail this form to the appropriate 2-1-1 representative for each division of the state (statewide service agencies can be submitted to any representative below.)

If your agency serves and/or is located in West TN:

Memphis 2-1-1

LINC/2-1-1, Memphis Public Library & Information Center

Lisa Lumb, Database Manager

3030 Poplar Ave

Memphis, TN 38111

Email: lisa.lumb@memphistn.gov

Telephone: (901) 415-2783

If your agency serves and/or is located in Middle TN:

Middle TN 2-1-1

United Way of Metropolitan Nashville

2-1-1 Resource Department

Email: 211tn@uwmn.org

Telephone: (615) 780-2449

Fax: (615) 780-2426

If your agency serves and/or is located in East TN:

East TN 2-1-1

Knox County Office on Aging

Pat Roney

PO Box 51650

Knoxville, TN 37950-1650

Email: respecialist@oconnorcenter.org

Telephone: (865) 523-1329

Fax: (865) 523-7869

**If your agency serves and/or is located in Southeast TN,
Northwest Georgia or Northeast Alabama:**

***Please note: Chattanooga 2-1-1 prefers to use its own
survey agency form, so contact them directly if your agency serves that area.***

**Chattanooga 2-1-1
United Way of Chattanooga**
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Chattanooga, TN 37405
Email: eileenrehberg@uwchatt.org
Telephone: (423) 265-8000