

Service Information Form

Please complete the following to provide us with information about your services. Please complete a separate form for each service your organization offers. If you have not provided Agency Information yet, please complete the Agency Information Form.

Agency Name

Service Name

Other names this service may be known by (former names, acronyms, etc.)

Service Description (Please provide a brief description of the services offered and the target population it is intended for)

Physical Addre	ess of Primary Service Location		
City	Zip	Is this addres	ss confidential? 🗆 Yes 🗐 No
Is this location	disabilities accessible? □ Yes□No		
Mailing addres	s Same as Physical address		
Mailing address			
City	Zip		
Is this service offered at multiple locations? \Box Yes \Box No			
Referral Phone (for clients to inquire about services)_ ()			
Program/Servi	ce Website		
Is a screening	assessment meeting required before c	lients receive se	rvices? Yes No
Service Hours	(circle days of the week) Sun Mon	Tues Wed Th	nur Fri Sat
Open	am Close	pm	24 hour service
Ages Served			

Eligibility information (please select all that apply to this service)			
OIncome Required CEmployability required CEmployment required Disconnection Notice Required Eviction Notice required			
Languages the entire service is provided in:			
Documentation required for intake?			
None required Specific documents required			
Do you provide services to unaccompanied youth? Yes No			
Genders Served? Female Male Trans			
Areas served Serves anyone Serves all County residents			
Other geographic restrictions (i.e. cities, zip codes, counties) Is there any additional information you would like us to know about this program? Yes No			
Your Name			
Title			
Your Phone			
Your E-Mail			
Are you the program administrator for this service? (Staff person to contact to verify service information Yes No			
Email form to: 211info@uwyellowstone.org			

Thank you, please allow 7 business days for a response.