



# Agency Form

Please complete the following to provide us with information about your agency. Once completed please complete a separate **Service Information Form** for each service your organization offers.

Agency Name \_\_\_\_\_

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

\_\_\_\_\_

Agency Description (Please provide a brief description of your agency and what you provide for services)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency Primary Service Location \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Is this address confidential?  Yes  No

Is this location disabilities accessible?  Yes  No

Mailing address  Same as Physical address

Mailing address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Is this service offered at multiple locations?  Yes  No

Agency Phone (for clients to inquire about services) \_ (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Agency Website \_\_\_\_\_

Is a screening assessment meeting required before clients receive services?  Yes  No

Office Hours (circle days of the week) Sun Mon Tues Wed Thur Fri Sat

Open \_\_\_\_\_ am Close \_\_\_\_\_ pm  24 hour service

Ages Served \_\_\_\_\_

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 agency?  Yes  No

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Your Name \_\_\_\_\_

Title \_\_\_\_\_

Your Phone \_\_\_\_\_

Your E-Mail \_\_\_\_\_

Are you the Executive Director for this service? (Staff person to contact to verify service information)  Yes  No

Email form to: [211@hrcxi.org](mailto:211@hrcxi.org)

Please contact 406-728-3710 if you have questions.

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