



# 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 Address of 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

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

Program/Service Website \_\_\_\_\_

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

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

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

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

Eligibility information (please select all that apply to this service)

- Income Required     Employability required     Employment 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

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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: [info@unitedwaycares.org](mailto:info@unitedwaycares.org)

Please contact Sherry Stephens at 406-752-7266 if you have questions.

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