IN211 Inclusion Request Form

Thank you for your interest in the Indiana 211 Resource Database. Please complete the following questionnaire with details about the agency and each program you would like considered for inclusion. IN211 reserves the right to edit submissions for style, length, and content. Submit your completed form to in211database@fssa.in.gov. You may also reach our team by phone at 1.888.211.2402 for additional support, if needed.

Please begin by providing information about the individual submitting this form for your agency:

Name: _____ Title: _____

Telephone: _____ Email: _____

Form Submission Date: _____

Agency Information

1. Name of Agency: _____
2. Main Location of Agency (Administrative Office/Headquarters): _____ *Confidential*

   Street: _____

   City: _____ State: _____ Zip: _____

   Name of Building: _____
3. Mailing Address of Agency: _____ *Same as Above*

   Street: _____

   City: _____ State: _____ Zip: _____
4. Agency Main Phone Number(s):

   Telephone _____ Fax _____ TTY _____

   Toll-Free _____ Other : _____
5. Agency Website: _____
6. Public Email Address: _____
7. Person in Charge: _____ Title: _____
8. Hours/Days of Operation

   (e.g., Mon-Fri 8:30am-5pm): _____
9. Length of time agency has been in operation: _____

10. What is the general purpose/goal of your agency? (An agency mission statement usually answers this question.)

11. Type of Organization: *(Please mark the appropriate boxes.)*

☐ Governmental ☐ Nonprofit ☐ Faith-based ☐ Commercial/For-Profit

☐ Other (Explain): _____

Program/Service Information 1

Note: Please complete one Program Information Form for each program and site.

1. Program Name: _____
2. Agency in Charge of Program: _____
3. Address of Program: _____ *Confidential*
   Street: _____
   City: _____ State: _____ Zip: _____
   Name of Building: _____
4. Program Phone Number(s):
   Main _____ Fax _____ TTY _____
   Toll-Free _____ Other: _____ _____
5. Program Email Address: _____
6. Program Website: _____
7. Person in Charge of Program: _____
   Email Address: _____ Title: _____
8. Program Description:

9. If the program has a waiting list or period: What is the average wait? _____
10. Hours and Days Offered: _____
11. Fees, if any, for receiving services? If the program has a fee structure, such as sliding scale, please give a brief description explaining the maximum/minimum and what it is based on:

12. Can clients access services directly? _____ Yes _____ No
    If not, what type of referral (written, telephone) is required and from whom?

13. **Eligibility Requirements:** Describe requirements to obtain services; write "None" for any not applicable:

- ☐ Living in a set geographic area (describe boundaries): _____
- ☐ Income limits (specific or general, such as "low income"): _____
- ☐ Age range served: _____
- ☐ Gender served: _____
- ☐ Other requirement: _____
- ☐ Other requirement: _____

14. **Intake Procedure:** Describe the process to become a client or to apply for services. For example, should individuals call first or simply walk in? Are there special instructions that should be given to a client when referring to this program/service? For example, arrive early and wait in line? Leave a phone message and wait for a call back?

15. **What to Bring:** What documentation or other items should individuals bring with them to receive service? Examples: proof of address (be specific about what qualifies); proof of income (be specific about what qualifies); picture ID, social security cards (for self, for all in household?), written parental permission, etc.

16. **Language Capabilities:** Explain availability of any language other than English (including American Sign Language), and describe any special availability issues (such as by appointment or only at certain times):

17. What is the maximum program capacity? _____

18. Please check all that apply:

___ Program location is ADA accessible

___ Program location is not ADA accessible, but will make special arrangements

___ Program location is within 2 blocks or .25 miles of public transit stop

___ Program location & services are closed on state & federal holidays

19. Forms of payment accepted (if applicable):

Cash___	Cashier's Check___	Certified Check___	Check___
Credit Card___	Debit Card___	Money Order___	Medicaid___
Medicaid Waiver___	Medicare___	HIP/HIP 2.0___	Private Insurance___

Program/Service Information 2

Note: Please complete one Program Information Form for each program and site.

1. Program Name: _____
2. Agency in Charge of Program: _____
3. Address of Program: _____ *Confidential*
   Street: _____
   City: _____ State: _____ Zip: _____
   Name of Building: _____
4. Program Phone Number(s):
   Main _____ Fax _____ TTY _____
   Toll-Free _____ Other: _____ _____
5. Program Email Address: _____
6. Program Website: _____
7. Person in Charge of Program: _____
   Email Address: _____ Title: _____
8. Program Description:

9. If the program has a waiting list or period: What is the average wait? _____
10. Hours and Days Offered: _____
11. Fees, if any, for receiving services? If the program has a fee structure, such as sliding scale, please give a brief description explaining the maximum/minimum and what it is based on:

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19. Forms of payment accepted (if applicable):

Cash___	Cashier's Check___	Certified Check___	Check___
Credit Card___	Debit Card___	Money Order___	Medicaid___
Medicaid Waiver___	Medicare___	HIP/HIP 2.0___	Private Insurance___

Program/Service Information 3

Note: Please complete one Program Information Form for each program and site.

1. Program Name: _____
2. Agency in Charge of Program: _____
3. Address of Program: ____ *Confidential*
   Street: _____
   City: _____ State: _____ Zip: _____
   Name of Building: _____
4. Program Phone Number(s):
   Main _____ Fax _____ TTY _____
   Toll-Free _____ Other: _____ _____
5. Program Email Address: _____
6. Program Website: _____
7. Person in Charge of Program: _____
   Email Address: _____ Title: _____
8. Program Description:

9. If the program has a waiting list or period: What is the average wait? _____
10. Hours and Days Offered: _____
11. Fees, if any, for receiving services? If the program has a fee structure, such as sliding scale, please give a brief description explaining the maximum/minimum and what it is based on:

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___ Program location & services are closed on state & federal holidays

19. Forms of payment accepted (if applicable):

Cash___	Cashier's Check___	Certified Check___	Check___
Credit Card___	Debit Card___	Money Order___	Medicaid___
Medicaid Waiver___	Medicare___	HIP/HIP 2.0___	Private Insurance___

Program/Service Information 4

Note: Please complete one Program Information Form for each program and site.

1. Program Name: _____
2. Agency in Charge of Program: _____
3. Address of Program: ____ *Confidential*
   Street: _____
   City: _____ State: _____ Zip: _____
   Name of Building: _____
4. Program Phone Number(s):
   Main _____ Fax _____ TTY _____
   Toll-Free _____ Other: _____ _____
5. Program Email Address: _____
6. Program Website: _____
7. Person in Charge of Program: _____
   Email Address: _____ Title: _____
8. Program Description:

9. If the program has a waiting list or period: What is the average wait? _____
10. Hours and Days Offered: _____
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Credit Card___	Debit Card___	Money Order___	Medicaid___
Medicaid Waiver___	Medicare___	HIP/HIP 2.0___	Private Insurance___

Program/Service Information 5

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   Street: _____
   City: _____ State: _____ Zip: _____
   Name of Building: _____
4. Program Phone Number(s):
   Main _____ Fax _____ TTY _____
   Toll-Free _____ Other: _____ _____
5. Program Email Address: _____
6. Program Website: _____
7. Person in Charge of Program: _____
   Email Address: _____ Title: _____
8. Program Description:

9. If the program has a waiting list or period: What is the average wait? _____
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