

2-1-1 Santa Clara County –Service Profiles

This profile is used to record information about each program or service which your organization offers. Please use **one** profile form for **each service** that your organization offers.

Name of Program:	_____		
Type of Service:	_____		
Service is offered at: (list sites)	_____ _____		
Description of Services:	_____ _____ _____		
Service Days/Hours:	<input type="checkbox"/> Mon–Fri, 9-5 <input type="checkbox"/> 24 hours, 7 days	<input type="checkbox"/> Mon–Fri, 8-5 <input type="checkbox"/> Sat-Sun, 9-5	<input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
Service Phone Numbers:	(____) - _____ Ext. ____ <input type="checkbox"/> Intake <input type="checkbox"/> Other _____ (____) - _____ Ext. ____ <input type="checkbox"/> Program Administration <input type="checkbox"/> Other _____ (____) - _____ Ext. ____ <input type="checkbox"/> Other _____		
Eligibility Requirements (age, gender, income restrictions, etc):	_____ _____ _____		
Intake Procedures: (please list in detail)	<input type="checkbox"/> Appointment required <input type="checkbox"/> Appointment preferred <input type="checkbox"/> Call or walk in to apply <input type="checkbox"/> Call or walk in for service	<input type="checkbox"/> Telephone for service <input type="checkbox"/> Telephone to apply <input type="checkbox"/> Write for service <input type="checkbox"/> Walk in for service	Other: _____ _____ _____
Fees:	<input type="checkbox"/> Free <input type="checkbox"/> Donations Requested <input type="checkbox"/> Membership Fee _____ <input type="checkbox"/> Fixed Fee _____	<input type="checkbox"/> Sliding Scale _____ <input type="checkbox"/> Third Party Payments _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	
Payment Source:	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> Private/Military Insurance	<input type="checkbox"/> Voucher <input type="checkbox"/> Medi-Cal <input type="checkbox"/> MediCare <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	
Documents Required: (please list in detail)	_____ _____ _____		

Wait for Application:	<input type="checkbox"/> Wait list varies. Call to check availability <input type="checkbox"/> There is no wait list at this time.	<input type="checkbox"/> Wait list in effect: _____ _____
Wait for Service:	<input type="checkbox"/> Wait for service varies. Call for information. <input type="checkbox"/> There is no wait for service at this time:	<input type="checkbox"/> Wait for service is _____ _____
Languages Spoken: (please indicate if limited to certain sites)	_____ _____ _____	
Area Served (please list by specific zip code, city, or county if geographical eligibility is limited):	_____ _____ _____ _____ _____	

Please complete the **Service Profiles** to their entirety and submit with the completed **Agency Profile and Site Profiles** to:

United Way Silicon Valley
 attn: 2-1-1 Resource Specialist
 1400 Parkmoor Ave, Suite 250
 San Jose, CA 95126