

## 2-1-1 Santa Clara County - SERVICE PROFILE FORM

This profile form is used to record information about each program or service that your organization offers. Please complete one form **each** service your organization offers to the community.

<b>Name of Program:</b>			
<b>Type of Service:</b>			
<b>Service is offered at: (list sites)</b>			
<b>Description of Services:</b>			
<b>Service Days/Hours:</b>	<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
<b>Service Phone Numbers:</b>	(    ) - Ext. <input type="checkbox"/> Intake <input type="checkbox"/> Other		
	(    ) - Ext. <input type="checkbox"/> Program Administration <input type="checkbox"/> Other		
	(    ) - Ext. <input type="checkbox"/> Other		
<b>Eligibility Requirements (age, gender, income restrictions, etc):</b>			
<b>Intake Procedures: (please list in detail)</b>	<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	<b>Other:</b>
<b>Fees:</b>	<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	
<b>Payment Source:</b>	<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	
<b>Documents Required: (please list in detail)</b>			
<b>Wait for Application:</b>	<input type="checkbox"/> Wait list varies. Call to check availability		<input type="checkbox"/> Wait list in effect:
	<input type="checkbox"/> There is no wait list at this time.		

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

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