

2-1-1 Santa Clara County – Additional Site Profiles

This profile is used to record information about each individual service location or site your organization has offering a service to residents of Santa Clara County. If your organization has only ONE site, you do not need to fill out this form. However, please **continue onto the next page to fill out Service Profiles.**

Site Name	_____ _____				
Street Address	_____ _____ _____	Mailing Address	_____ _____		
Website	_____	Email	_____		
Phone Numbers	(____) ____ - ____ Ext. ____ <input type="checkbox"/> Site Administrative <input type="checkbox"/> Other _____ (____) ____ - ____ Ext. ____ <input type="checkbox"/> Site Fax <input type="checkbox"/> Other _____ (____) ____ - ____ Ext. ____ <input type="checkbox"/> Hotline <input type="checkbox"/> Other _____				
Site Director	Name: _____ Phone: (____) ____ - ____ Ext. ____	Title: _____ Email: _____	_____ _____		
Site Contact Person	Name: _____ Phone: (____) ____ - ____ Ext. ____	Title: _____ Email: _____	_____ _____		
AKA Site Names (including acronyms and previous names)	_____ _____				
Handicap Accessibility (please select all that apply)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Building Entrance Accessible <input type="checkbox"/> Restroom Accessible <input type="checkbox"/> Special Parking <input type="checkbox"/> All Floors Accessible <input type="checkbox"/> First Floor Only Accessible <input type="checkbox"/> Special Arrangements Can Be Made <input type="checkbox"/> Not Necessary for Service <input type="checkbox"/> Not Wheelchair Accessible </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Varies According to Location <input type="checkbox"/> Large Type Books <input type="checkbox"/> Interpreter for the Deaf <input type="checkbox"/> Information on Tape or in Braille <input type="checkbox"/> Elevators <input type="checkbox"/> Full Wheelchair Access <input type="checkbox"/> Ramps <input type="checkbox"/> Designated Parking </td> </tr> </table>			<input type="checkbox"/> Building Entrance Accessible <input type="checkbox"/> Restroom Accessible <input type="checkbox"/> Special Parking <input type="checkbox"/> All Floors Accessible <input type="checkbox"/> First Floor Only Accessible <input type="checkbox"/> Special Arrangements Can Be Made <input type="checkbox"/> Not Necessary for Service <input type="checkbox"/> Not Wheelchair Accessible	<input type="checkbox"/> Varies According to Location <input type="checkbox"/> Large Type Books <input type="checkbox"/> Interpreter for the Deaf <input type="checkbox"/> Information on Tape or in Braille <input type="checkbox"/> Elevators <input type="checkbox"/> Full Wheelchair Access <input type="checkbox"/> Ramps <input type="checkbox"/> Designated Parking
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Accessible by Public Transportation	<input type="checkbox"/> Yes (please specify): _____ <input type="checkbox"/> No				
Site Days & Hours	_____				
Directions to Site (general vicinity, landmarks, etc)	_____ _____				
Cross Streets	_____				