



RESOURCE DIRECTORY
Agency Information Form
PLEASE PRINT CLEARLY
912.385.2057
www.waynehelp.com

Name of person filling out form: _____

Date information was gathered: _____

Name and title of person giving information for the agency: _____

Legal Agency Name: _____

Other names (AKA, acronyms, former, etc.): _____

Director (Contact) Name/Title: _____

1. Location: What is the physical address of your organization? (Please complete a separate form for each location)

Address: _____

County: _____ State: _____

City: _____ Zip Code: _____

Administrative Telephone: _____ Admin. Fax: _____

Is the physical address confidential? Yes _____ No _____

Is the mailing address the same as the physical address? If not, please indicate mailing address below.

Address: _____ City: _____ State: __ Zip Code: _____

2. Client Contact Information:

Main Telephone given for Clients: _____ Fax Number: _____

TDD (Telecommunication Device for the Deaf) Number: _____

E-Mail: _____ Website: _____

3. Regular office hours: _____ am/pm to _____ am/pm

Days: Mon Tue Wed Thu Fri Sat Sun

* Wayne County Family Connection reserves the right to determine eligibility.

Please list special services that have limited hours/days or special intake hours if applicable.

4. Eligibility: Who is eligible for your services? It is okay to restrict services to certain populations based on gender, family status, disability, personal situations, etc. (i.e. battered women with children, or people with visual impairments, or homeless men, etc.) This helps make appropriate referrals.

5. Service Description: Please list the primary services offered to anyone meeting your eligibility requirements. (attach if necessary)

6. Fees: Are individuals charged for your services? What is your fee structure?

No: _____ Yes - Fee _____

Straight Fee; please specify _____

Sliding Fee Scale _____

7. Languages: In addition to English, what languages are routinely spoken by your staff?

Spanish _____ American Sign Language _____ Literature/information available in Spanish _____

Other; please specify _____

8. Required Documentation:

None Required _____ Picture I.D. _____ Social Security card _____ Proof of residence _____

Other _____

9. Do you use Volunteers?: Yes _____ No _____

Teens (13-17) ? Yes ___ No ___

In what capacity? _____

Do you require special training for your volunteers? Yes ___ No _____

Do you want volunteer referrals? Yes _____ No _____

10. Counties you Serve. List below the counties that your organization serves.

11. Categories that apply to your organization: Check all that apply. Your organization can be listed under multiple categories.

Alcohol / Drugs / Substance Abuse		Job Assistance	
Child Abuse		Legal Assistance	
Domestic Violence		Medical Services	
Childcare		Mental Health	
Children & Youth Services		Multi-Cultural	
Clothing		Pregnancy Support	
Counseling & Therapy Services		Senior Citizens	
Disabilities		Teen & Young Adult Resources	
Education / Training		Transportation Services	
Family Services		United Way Agencies	
Food		Utilities	
Home Health & Nurse Services		Veterans Services	
Housing & Shelter		Volunteer Opportunities	
Homeless		Recreation	
ID & Licenses		Age 6-12	
Age 0-5		Age 18-34	
Age 13-17		Age 50+	
Age 35-50			

Wayne County Family Connection would like to establish an ongoing relationship with your agency/ organization to maintain current information. We request that you will contact us with any relevant changes. Please indicate who we should list to contact for updates.

Name: _____ Phone Number: _____

Title _____ Email: _____

Thank you for your time in completing this information sheet. This information will be used to communicate your services to the general public and personnel from other agencies through our printed resource directory

Questions, comments, and suggestions may be forwarded to 912-810-0101 or info@waynehelp.com. Thank you.

RESOURCE DIRECTORY CRITERIA

Health and human service programs offered by State, county or municipal governments which have offices in or serve residents of Wayne County.

Organizations that serve Wayne County. Agencies outside of the Wayne County area that meet a need for residents in Wayne County, that is not met by a non-profit or public agency within said area.

For profit agencies that provide a service not met by public or non-profit agencies. For profit agencies offering low-cost goods that are not readily available through community non-profit agencies. For profit agencies that offer free or low cost services to the community.

Civic and business associations.	Private schools for special needs.
Professional organizations that provide a public service.	Professional and regulatory boards.
Advocacy groups related to health and human service issues.	Information and referral services.
Community groups.	Non-profit nursing homes.
Self-help support groups.	Chambers of Commerce.
Social or fraternal organizations that serve non-members.	Licensed childcare facilities.
Administrative offices of public schools in Wayne County	

Not Eligible to be Included:

Agencies that violate federal, state or local laws or regulations,

Agencies promoting or permitting racism or bigotry,

Agencies that provide services based out of the provider's home unless licensed to do so,

Organizations (churches, social clubs, etc.) to the extent that they offer a service only to their members, Commercial businesses not described above.