



232-HELP / LOUISIANA 211
Resource Information Survey
P.O. Box 52763

Lafayette, LA 70505

Email: help@232-help.org

Web Site: www.232-help.org

Telephone: (337) 232-4357 Fax: (337) 232-1960

Inclusion/Exclusion Criteria Survey Application

*Information provided by organizations and individual service providers and included in the 232-HELP / LA 211 Information and Referral Services is available to the general public in various formats, including telephone information and referral, an online searchable database of services and printed materials. **The inclusion/exclusion policy can be reviewed online (www.232-help.org).** This policy indicates which agencies, organizations and services are eligible for inclusion in the database, however, 232-HELP / LA 211 reserves the right to prioritize and limit entry.*

Instructions for completing this survey application:

- For the benefit of your agency/organization and the clients you serve, please fill out completely.
- For items not applicable, indicate so with N/A.
- Operating Agency information is the “administrative entity” for programs detailed in the Program Information section of the survey.
 - Some organizations may have very similar information in both the operating agency and program information sections because their operating agency provides the program services to the public. (i.e. A Church that operates a food bank on site).
 - Some organizations may have an operating agency that operates many different programs, with different eligibility requirements and addresses, etc. (i.e. A Church that operates a men’s shelter, a public food bank, a soup kitchen, and a children’s clothing closet – all in different areas of town – all with different target populations – all with different eligibility requirements and intake procedures. The operating agency section would include information about the Church. The program information section would be filled out on each program.
- If you have questions/concerns regarding this survey, please contact leigh@232-help.org.

Operating Agency Name: _____

Operating Agency AKA (Also Known As): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Landmarks: (To assist callers with finding your location): _____

Handicap Accessibility: _____ Yes _____ No Notes: _____

Access to Parking: _____ Yes _____ No Notes: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Days/Hours of Operation: _____

Type of Agency: Public/Governmental Non-Profit Faith-based Non-Profit
 Private Business Religious School/University Volunteer (i.e. support grp)
 Other (please specify) _____

Chapter/Affiliate of a National Organization? If yes, name: _____

Federal ID Number (EIN): _____ Year of Incorporation: _____

Name & Title of Person in Charge: _____

Person in Charge's Email: _____ Phone: _____

(Email and Phone number are for internal use and will not be shared publicly.)

Agency Telephone Numbers:

Referrals _____ (To access the Agency)

Toll Free _____ TDD/TYY _____

Administrative _____ Fax Number: _____

Other (Fraud Reporting/After Hours, etc): _____

Web Site: _____ E-Mail Address: _____

Languages Available (i.e French, Spanish): _____

Additional Information:

Show information on 232-HELP / Louisiana 211 Public Website? Yes No

To request any information be excluded from website, note it here:

Show information in 232-HELP / Louisiana 211 Printed Directory? Yes No

To request any information be excluded from printed directory, note it here:

Do you have Volunteer Opportunities? Yes No

If yes, please list examples of opportunities: _____

Do you have Brochures that you can provide to callers about your agency and/or programs: Yes (for agency and all programs) No brochures at all

Yes, for agency/programs listed here: _____

I certify that the information provided in this survey is correct:

Signature: _____ Date: _____

Printed Name: _____ Title: _____

PROGRAM INFORMATION:

(Please complete this section for each program offered by the operating agency above.)

Program Name: _____

Program AKA (Also Known As): _____

Street Address (if different from operating agency): _____

City: _____ State: _____ Zip: _____

Landmarks: (To assist callers with finding your location): _____

Handicap Accessibility: _____ Yes _____ No Notes: _____

Access to Parking: _____ Yes _____ No Notes: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Days/Hours of Program Services: _____

Federal ID Number (EIN) (If different from operating agency): _____

Name & Title of Person in Charge (of program): _____

Person in Charge's Email: _____ Phone: _____

(Email and Phone number are for internal use and will not be shared publicly.)

Program Telephone Numbers:

Referrals _____ (To access the Program)

Toll Free _____ TDD/TYY _____

Administrative _____ Fax Number: _____

Other (Fraud Reporting/After Hours, etc): _____

Web Site: _____ E-Mail Address: _____

Languages Available (i.e French, Spanish): _____

Geographic Area Served:

_____ City _____ Parish _____ State _____ Nationwide

If only those **within** City limits are served by the Program, please name cit(ies):

If only those **within** Parish limits are served by the Program, please name parish(es):

Program Description: (Please give detailed program description.)

Intake Procedure (application required, interview process, needed documentation, etc.):

Eligibility Requirements (Please be specific – example: only available to those 65 yrs of age and older; available to anyone at or below Federal Poverty Income levels; HIV/AIDS diagnosed; must be employed at least part-time, only US citizens, convicted felons are ineligible, etc.):

Fees Charged (If no fees, please state “No Fees”): _____
Accept Medicaid? _____ Accept Medicare? _____
Other Payment Methods Accepted (i.e. Private Insurance): _____

Any Financial Assistance Available (Payment plan, sliding fee scale, reduced rate, etc.):
