

## 232-HELP/211 Resource File Inclusion/Exclusion Criteria

232-HELP/211's database contains information about available community resources, including detailed data on health and human service provided by government agencies and community organizations and conditions under which services are available. 232-HELP/211 is committed to maintaining accurate and up-to-date information about community resources. We formally updated all listings in the database annually. We also continuously update program data as we learn about changes and new services.

232-HELP/211 uses the Alliance of Information & Referral Systems ([www.airs.org](http://www.airs.org)) approved Taxonomy of Human Services, a standard indexing system used by human service information and referral systems throughout the United States.

### Specific Inclusions:

- Non-profit organizations (classified as 501(c)(3) under the Internal Revenue Code) which are involved with health and human services \*\*
- For-profit and proprietary agencies if they offer a service not adequately provided by other resource listings; or if they offer scholarships, reduced fees or sliding fee scales and accept Medicare or Medicaid\*\*
- Health and human services programs offered by the state, parish or municipal governments which either have offices in Acadiana or provide services within that area
- Organizations such as churches and social clubs which offer a service to the community at large, not just their own members
- Professional organizations related to community service
- Organizations outside the Acadiana region which provide a service not available locally
- Advocacy groups related to health and human service issues
- Support groups that are sponsored by or affiliated with an agency or church
- 800 lines if they offer a social or community service
- Private schools for special needs
- State and Community Colleges
- Administrative offices (School Boards) of public schools in the 10-parish service area

\*\*Non-profit organizations and for profit businesses must meet all criterion and the criteria of being in operation for six (6) months prior to being added to the database. Exception is permitted when the parent company has been in operation for the required time.

### Specific Exclusions:

- Organizations with incomplete applications - **all applications and any necessary addendum forms must be complete; all required documentation must be submitted.**
- Agencies or organizations that provide services which are not available to the general public, or which are available only to persons holding membership or status in a specific group or other organization.

- Resources outside Acadiana unless they provide services not available locally and are open to local residents.
- Individual or private practitioners (i.e. therapists, physicians, etc.) unless they accept Medicare/Medicaid or offer sliding fee scales.
- Agencies or organizations that deny service on the basis of color, race, religion, gender, sexual orientation, ancestry, nationality, or on any other basis not permitted by law.
- Agencies or organizations that misrepresent, by omission or commission, pertinent facts regarding their services, organizational structure, or any other pertinent matter, in any way.
- Employment agencies that charge a fee to applicants.

**Disclaimer:**

232-HELP/211 reserves the right to make all decisions regarding the inclusion or exclusion of information relative to individuals and/or organizations within the resource file database. Although inclusion/exclusion decisions will, for the most part, be made based upon the perceived needs of the clients/users of 232-HELP/211, the final determination as to inclusion or exclusion, the provisions of the criteria listed below notwithstanding, shall be in the sole discretion of 232-HELP/211. 232-HELP/211 makes no specific warranties, representations as to actual inclusions or exclusions and assumes no liability, whatsoever, with regard thereto. Inclusion within the database does not imply endorsement of an organization. Exclusion from the database simply indicates that criterion for inclusion has not been met; it does not signify lack of endorsement.



## 232-HELP/Louisiana 211

Resource Information Survey

P.O. Box 52763

Lafayette, LA 70505

Email: [help@232-help.org](mailto:help@232-help.org)

Web Site: [www.232-help.org](http://www.232-help.org)

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

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.

Program Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Referrals \_\_\_\_\_

Administrative \_\_\_\_\_

Fax \_\_\_\_\_

Web Site: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Federal ID Number (EIN): \_\_\_\_\_

Operating Agency (if different from program): \_\_\_\_\_

Mailing Address (if different from program): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Agency: \_\_\_\_\_ Public/Governmental \_\_\_\_\_ Non-Profit \_\_\_\_\_ Private Business

\_\_\_\_\_ Religious \_\_\_\_\_ School/University \_\_\_\_\_ Volunteer

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

Chapter or Affiliate of a National Organization? If yes, name: \_\_\_\_\_

Name & Title of Person in Charge: \_\_\_\_\_

Days/Hours of Operation: \_\_\_\_\_

Fees/Charges (If Any): \_\_\_\_\_

Accept Medicaid: \_\_\_\_\_ Yes \_\_\_\_\_ No; Accept Medicare: \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Payment Methods Accepted: \_\_\_\_\_

Any Financial Assistance Available: \_\_\_\_\_  
(Payment plan, sliding scale, etc.)

Geographic Area Served: \_\_\_\_\_ City \_\_\_\_\_ Parish \_\_\_\_\_ Acadiana \_\_\_\_\_ State \_\_\_\_\_ Nationwide

Language Capabilities: \_\_\_\_\_

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

---

---

---

---

Eligibility Requirements (Please be specific): \_\_\_\_\_

---

---

---

---

**Program Information:**

Please give detailed program description. If more than one program, copy the survey and complete one for each additional program.

Program Description: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_