

## [HelpCentral.org Database -- Agency and Program Information Form](#)

If you are not in our database and would like to be, or you are a provider in our database and have a new service to tell us about, please fill out the following information.

***Click in each text box and type.***

Return the completed form **by e-mail** to: [tsullivanhames@ncen.org](mailto:tsullivanhames@ncen.org)  
Questions? Call 530-879-2455 for assistance.

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### Agency Information

Agency Name:

Physical Address:

City:  State:  Zip:

Confidential Address?  Yes  No

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Person in Charge:

Job Title:

Phone Number

E-Mail Address

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### Agency Mailing Address (if different from above):

Mailing Address:

Mailing City:  State:  Zip:

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**Agency Also Known As:** (Please list other names the public knows you as)

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**Agency Telephone Numbers** (please include toll free numbers and language lines):

Telephone 1:  Type: Service/ Intake

Telephone 2:  Type: Toll Free

Telephone 3:  Type: Fax

Telephone 4:  Type:

Telephone 5:  Type:

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**Agency Electronic Information:**

Email Address:

Web Address:

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**Agency Type:**

- City Administered
  - County Administered
  - Educational Institution
  - Faith-based
  - Federally Administered
  - For Profit
  - Health Institution
  - Non-Profit
  - State Administered
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## Agency Overview

Please describe your agency's purpose

Does this agency offer free or low cost services? Yes  No

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## Program Information

**Program #1 Details** NOTE: You must fill out a Program Details form for EACH individual program (additional forms are found at the end of this survey).

Program Name:

Hours:

Eligibility:

Fees:

Program Phone:

Languages:

Area Served:

Volunteer Opportunities:

Donations Accepted:

Disaster Assistance:

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## Program Description:

Tell us about your program services:

**Site(s) Where Program #1 is Offered** (include building name, street address, city, zip)

**Site Accessibility Information**

Are you wheelchair accessible? Yes  No

Are you accessible by public transportation? Yes  No

Do you provide client transportation? Yes  No

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I acknowledge that the agency/program information I have entered will be included in the HelpCentral.org database. I also understand that this information will be posted to the HelpCentral.org Internet web site and could be used to compile published directories.

Yes, I consent for this information to be made public

No, I do not want this information made public.

By affixing my signature electronically below, I certify that the information contained on this form is accurate and complete.

Signed:

Title:

Phone:

E-Mail:

Date:

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Return the completed form **by e-mail** to: [tsullivanhames@ncen.org](mailto:tsullivanhames@ncen.org)  
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## Additional Program Information

**Program #2 Details** NOTE: You must fill out a Program Details form for EACH individual program (additional forms are found at the end of this survey).

Program Name:

Hours:

Eligibility:

Fees:

Program Phone:

Languages:

Area Served:

Volunteer Opportunities:

Donations Accepted:

Disaster Assistance:

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### Program Description:

Tell us about your program services:

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Site(s) Where Program #2 is Offered (include building name, street address, city, zip)

### Site Accessibility Information

Are you wheelchair accessible? Yes  No

Are you accessible by public transportation? Yes  No

Do you provide client transportation? Yes  No

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## Additional Program Information

**Program #3 Details** NOTE: You must fill out a Program Details form for EACH individual program (additional forms are found at the end of this survey).

Program Name:

Hours:

Eligibility:

Fees:

Program Phone:

Languages:

Area Served:

Volunteer Opportunities:

Donations Accepted:

Disaster Assistance:

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### Program Description:

Tell us about your program services:

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Site(s) Where Program #3 is Offered (include building name, street address, city, zip)

### Site Accessibility Information

Are you wheelchair accessible? Yes  No

Are you accessible by public transportation? Yes  No

Do you provide client transportation? Yes  No

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## Additional Program Information

**Program #4 Details** NOTE: You must fill out a Program Details form for EACH individual program.

Program Name:

Hours:

Eligibility:

Fees:

Program Phone:

Languages:

Area Served:

Volunteer Opportunities:

Donations Accepted:

Disaster Assistance:

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### Program Description:

Tell us about your program services:

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Site(s) Where Program #4 is Offered (include building name, street address, city, zip)

### Site Accessibility Information

Are you wheelchair accessible? Yes  No

Are you accessible by public transportation? Yes  No

Do you provide client transportation? Yes  No

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