AGENCY INFORMATION FORM
Community Action serving Washington County

Please enter your Agency information on this form, and provide details about services you provide on the separate Program Information Form. Upon completion return all forms to Community Action by fax (503-648-4175) or mail (1001 SW Baseline St, Hillsboro, OR 97123). Please note that fields appearing in *italic* may be published. If you wish any information to remain only in the Community Action/211*info* databases and not be published in print or online directories, please indicate your preferences on this form. If you have any questions, please call 503-693-3238.

AGENCY INFORMATION (Update requests will be sent here.)

AGENCY NAME:			
PHYSICAL ADDR1:		MAILING ADDR1:	
PHYSICAL ADDR2:		MAILING ADDR2:	
CITY/STATE /ZIP:		CITY/STATE /ZIP:	
OTHER NAMES YOUR AGENCY IS KNOWN BY:			
TYPE OF AGENCY (Check one):	☐ *Non-Profit 501(c)(3)* ☐ *Government* ☐ *For Profit Corporation* ☐ *Private Practice* ☐ *Membership* ☐ *Religious* ☐ *Volunteer* ☐ *Other:*		
PERSON IN CHARGE OF AGENCY, AND TITLE:			

TELEPHONE DESCRIPTION	NUMBER	TELEPHONE DESCRIPTION	NUMBER
Main phone			
		Fax	

CONTACT EMAIL ADDRESS FOR UPDATE REQUESTS:	
WEBSITE ADDRESS:	http://
DAYS/HOURS OF ADMIN OPERATION:	
BRIEF DESCRIPTION OF AGENCY:	

⇨ AUTHORIZATION ⇦

I certify that the information provided on these forms is true and accurate to the best of my knowledge.
I understand that Community Action/*211Info* does not guarantee the inclusion in its database of the agency and its programs described in these forms. Inclusion of programs in the database is based on an established Inclusion/Exclusion policy developed specifically for their purposes. I further understand this information may be published in a variety of formats, and that listing or publication of information does not guarantee referrals for service.

_____ Signature _____ Date

_____ Printed name and title

⇨ Community Action Internal Use Only ⇦

☐ *Accepted* ☐ *Rejected*	Notification sent to agency. Copy attached for file. Initial_____ Date_____