



## PROGRAM INFORMATION FORM

### Community Action serving Washington County

Please provide details about your Program on this Program Information Form. If you operate more than one program, make extra copies of this form in order to provide us with the details about those additional services. 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 If you wish any information to remain only in the Community Action and 211 *info* databases and not be published or shared as described in the Authorization area of this form, you can indicate your preferences with a note in that area. If you have any questions, call 503-693-3238.

<b>AGENCY NAME:</b>		TODAY'S DATE:	
<input type="checkbox"/> Program's address information is the same as the agency			
<b>PROGRAM NAME:</b>			
<i>PHYSICAL ADDR1:</i>		<i>MAILING ADDR1:</i>	
<i>PHYSICAL ADDR2:</i>		<i>MAILING ADDR2:</i>	
<i>CITY/STATE /ZIP:</i>		<i>CITY/STATE /ZIP:</i>	
OTHER NAMES/ACRONYMS FOR YOUR PROGRAM:			
<input type="checkbox"/> Program's telephone information is the same as the agency			
<i>TELEPHONE DESCRIPTION</i>	<i>NUMBER</i>	<i>TELEPHONE DESCRIPTION</i>	<i>NUMBER</i>
<b>Main phone</b>			
		<b>FAX number</b>	
<input type="checkbox"/> PROGRAM DETAILS – Check all that apply			
<i>WEBSITE ADDRESS:</i>	<i>http://</i>		
<i>EMAIL ADDRESS – for public use:</i>			
<i>DAYS/HOURS OF OFFICE/ PROGRAM OPERATION :</i>			
<i>PERSON IN CHARGE OF PROGRAM, AND TITLE:</i>			
<i>ELIGIBILITY LIMITATIONS OR CRITERIA:</i>	<input type="checkbox"/> <b>No restriction</b> <input type="checkbox"/> <b>Membership</b> <input type="checkbox"/> <b>Age 60+</b> <input type="checkbox"/> <b>Age Under 19</b> <input type="checkbox"/> <b>Ex-offender</b> <input type="checkbox"/> <b>Income restrictions</b> <input type="checkbox"/> <b>Asset restrictions</b> <input type="checkbox"/> <b>Men / Women only (circle one)</b> <input type="checkbox"/> <b>Resident of (list Town/s or County)_____</b> <input type="checkbox"/> <b>Other _____</b>		
<i>FEES CHARGED:</i>	<input type="checkbox"/> <b>No fee</b> <input type="checkbox"/> <b>Sliding Scale</b> <input type="checkbox"/> <b>Varies</b> <input type="checkbox"/> <b>Fixed</b> <input type="checkbox"/> <b>Application/registration fee</b> <input type="checkbox"/> <b>Membership fee</b> <input type="checkbox"/> <b>Donation accepted</b> <input type="checkbox"/> <b>Other _____</b>		
<i>PAYMENT METHODS ACCEPTED:</i>	<input type="checkbox"/> <b>OHP</b> <input type="checkbox"/> <b>Payment schedule</b> <input type="checkbox"/> <b>Cash only</b> <input type="checkbox"/> <b>FPEP</b> <input type="checkbox"/> <b>Private insurance</b> <input type="checkbox"/> <b>Other _____</b>		
<i>INTAKE PROCEDURE:</i>	<input type="checkbox"/> <b>By appointment only</b> <input type="checkbox"/> <b>Agency referral only</b> <input type="checkbox"/> <b>Must complete application</b> <input type="checkbox"/> <b>No phone calls</b> <input type="checkbox"/> <b>Walk-in only</b> <input type="checkbox"/> <b>Walk-in okay; appointment preferred</b> <input type="checkbox"/> <b>Other _____</b>		

