



## DATABASE INCLUSION APPLICATION

### Instructions

1. Verify the Agency meets the Inclusion Policy.
2. Complete one Agency/Organization Page.
3. Complete one Service/Program Page for EACH Service/Program.

**For example:** If you offer outpatient and inpatient therapy, complete two (2) Service/Program pages – one page for each.

4. Complete one Location/Site Link Page for each location where a program is provided.

**For example:** If Mentoring is a program provided by the Boys and Girls Club at 12 different locations, there would be 12 separate Location/Site Link pages filled out – one for each location where Mentoring is provided.

5. Return completed form by: email [211data@211-broward.org](mailto:211data@211-broward.org) or fax (954) 390-0499.

### Important

**Your Agency must submit a completed application. Agencies with incomplete applications will not be considered.**

If you have any questions about how to complete the attached forms, please call the Data Services staff at (954) 390-0493 or email [211data@211-broward.org](mailto:211data@211-broward.org)



## Inclusion Verification

### Standard

2-1-1 First Call for Help's Database includes resources that support the client's right to accurate, comprehensive and unbiased information and the ability of 2-1-1 Broward to be a non-partisan, non-ideological and impartial information source for available nonprofit, government and for-profit services that meet 2-1-1's inclusion/exclusion criteria.

#### **Inclusion Criteria: Agencies eligible for inclusion must meeting one of the following criteria**

1. Private, nonprofit 501(c) (3) organizations that offer free or low-cost services to the community at large.
2. Government (local, state, federal) and quasi-public agencies (no attempt will be made to list all government agencies and departments).
3. Crisis lines, hotlines, help lines, information lines, and information & referral lines administered by non-profit organizations or government entities.
4. Organizations located outside of Broward County that offer community services to Broward County residents.
5. Self-help support groups that do not charge a fee or charge a nominal fee.
6. Advocacy groups and community coalitions.
7. For-profits providing affordable health or social services not adequately met by other resource listings; or offering free service, scholarships, reduced fees or sliding fee scale.
8. For-profits offering programs that provide unique, specifically targeted services, or services that are otherwise difficult to access, e.g., serve an area where resources are scarce.
9. Organizations, including for-profit, proprietary and nonprofit, that provide contracted services by the main community funders (e.g. Children's Service Council of Broward County, United Way of Broward County, Broward County Board of Commissioners, etc.).
10. Licensed health and human service professionals that offer free or low-cost services (e.g. therapists).
11. Public national websites that provides information about health and human services.
12. Toll-Free lines which provide information or services that can be accessed by Broward County residents.

#### **Exclusion Criteria: Agencies are not eligible for inclusion if meeting any of the following criteria**

These exclusion criteria will be applied equitably to all agencies: for-profit, not-for-profit, private or public.

1. Discriminating on the basis, of race, color, sex, religion, national origin, disability, age, marital status, political affiliation, sexual orientation, pregnancy, gender identity, and expression in or any characteristic is protected by federal, state, or local law.
2. In violation of local, state or federal statute(s).
3. Engage in fraudulent or illegal activities.
4. Misrepresent their services in any way.
5. For-Profit organizations unless they meet the requirements outlined in the Inclusion Criteria.
6. Have been in existence for less than six months prior to being listed.
7. Faith-based programs that do not offer services to the community at large.
8. Do not have an established address, phone, and consistently available contact person.
9. Do not respond when asked to update agency information.



### **Guidelines for Review, Appeals and Elimination from Database**

1. If an organization submit an application and it is determined to be ineligible to be listed within the 2-1-1 database, the 2-1-1 Data Services staff will respond with an explanation.
2. To request an appeal about a decision, please email the Data Services Team at [211data@211-broward.org](mailto:211data@211-broward.org) requesting a review of the application. The request should clearly document the reason(s) the exclusion criteria should have not been applied.
3. There is an Inclusion/Exclusion Committee that will determine the final eligibility of an Agency/Program to be included in the database. The committee will be chaired by the Chief Operations Officer and will include the President/CEO or designee, and such ad hoc members as or if deemed appropriate.

### **Disclaimer**

2-1-1 First Call for Help may exclude or remove organizations from its resource database for any reason. Inclusion in the database does not imply endorsement, and omission does not indicate disapproval. 2-1-1 neither guarantees nor makes any representation as to the accuracy or completeness of the information contained in its resource database. 2-1-1 Broward disclaims any and all responsibility and liability that may be asserted or claimed resulting from or arising out of reliance upon the information and procedures presented in the database. 2-1-1 reserves the right to edit information to meet format, guideline, and space requirements.



## Agency/Organization Page

**Name of Agency:** [Click here to enter text.](#)

**Federal Tax Identification Number:** [Click here to enter text.](#)

Note: Also known as an Employer Identification Number (EIN)

**Date Incorporated:** [Click here to enter text.](#)

Note: Must have been in existence for more than six (6) months and have an "Active" Certificate of Status with the Division of Corporations.

**Type of Provider:** [Choose an item.](#)

**This agency is also known as (d/b/a, acronyms, etc.):** [Click here to enter text.](#)

**Agency Description (a brief narrative describing the agency's main purpose or role):** [Click here to enter text.](#)

**Agency Executive Name:** [Click here to enter text.](#)

**Executive Title:** [Click here to enter text.](#)

**Executive Email:** [Click here to enter text.](#)

**Funding sources: Check all the apply**

- |                                     |                          |                     |                          |
|-------------------------------------|--------------------------|---------------------|--------------------------|
| Broward Behavioral Health Coalition | <input type="checkbox"/> | Government: City    | <input type="checkbox"/> |
| Children's Services Council         | <input type="checkbox"/> | Government: County  | <input type="checkbox"/> |
| Department of Children and Families | <input type="checkbox"/> | Government: Federal | <input type="checkbox"/> |
| Early Learning Coalition            | <input type="checkbox"/> | Foundation          | <input type="checkbox"/> |
| United Way                          | <input type="checkbox"/> | Service Fees        | <input type="checkbox"/> |

**Web Address:** [Click here to enter text.](#)

**Special Instructions, if any, for the website:** [Click here to enter text.](#)

**Administrative Location (Main Site)**

**Street Address:** [Click here to enter text.](#)

**Address Line 2:** [Click here to enter text.](#)

**City:** [Click here to enter text.](#) **State:** [Click here to enter text.](#) **Zip:** [Click here to enter text.](#)

**Telephone Number(s) Administrative:** [Click here to enter text.](#)

**Telephone Number(s) Administrative TDD/TTY:** [Click here to enter text.](#)

**Telephone Number(s) Administrative Fax:** [Click here to enter text.](#)

**Agency Email Administrative Hours/Days of Operation:** [Click here to enter text.](#)

**Agency Email (Only if general for the Agency):** [Click here to enter text.](#)



## Service/Program Page

**Name of service/program:** [Click here to enter text.](#)

Note: Complete one Service/Program page for EACH Service/Program provided. For example, if you offer outpatient and inpatient therapy, complete two (2) Service/Program pages – one page for each.

**Telephone Number(s) Service:** [Click here to enter text.](#)

**Telephone Number(s) Service TDD/TTY:** [Click here to enter text.](#)

**Days and hours of this Service/Program** (e.g. Mon-Fri 9am-5pm): [Click here to enter text.](#)

**Full description of service/program:** [Click here to enter text.](#)

Note: Please be very concise, detailed and clear. This information is accessible to the community and helps ensure appropriate referrals to your agency.

**Eligibility Requirements:** [Click here to enter text.](#)

Note: Examples include income, age, residency, etc.

**Application/Intake Instructions to receive services; provide a brief description and check the typical Application/Intake Instructions below:** [Click here to enter text.](#)

Note: Please be very concise, detailed and clear. This information is accessible to the community and helps ensure appropriate referrals to your agency. **Check all the apply**

- |                          |                          |                                   |   |
|--------------------------|--------------------------|-----------------------------------|---|
| Appointment Preferred    | <input type="checkbox"/> | Walk in to apply                  | <input type="checkbox"/>                  |
| Appointment Required     | <input type="checkbox"/> | Walk in for service               | <input type="checkbox"/>                  |
| Call for information     | <input type="checkbox"/> | Referral Required: Please Specify | <a href="#">Click here to enter text.</a> |
| Call or walk in to apply | <input type="checkbox"/> |                                   |   |

**Fees: Check all the apply**

- |                         |                          |                       |   |
|-------------------------|--------------------------|-----------------------|---|
| Medicare                | <input type="checkbox"/> | No Fee                | <input type="checkbox"/>                  |
| Medicaid                | <input type="checkbox"/> | Private Insurance     | <input type="checkbox"/>                  |
| Self-Pay: full          | <input type="checkbox"/> | Scholarships          | <input type="checkbox"/>                  |
| Self-Pay: sliding scale | <input type="checkbox"/> | Other: Please Specify | <a href="#">Click here to enter text.</a> |

**Web Link for this service/program:** [Click here to enter text.](#)

**Average wait to receive service:** [Click here to enter text.](#)

**Languages other than English for this Service/Program (that are consistently available):** **Check all the apply**

- |                |                          |                        |   |
|----------------|--------------------------|------------------------|---|
| French         | <input type="checkbox"/> | Russian                | <input type="checkbox"/>                  |
| Haitian Creole | <input type="checkbox"/> | Interpreters Available | <input type="checkbox"/>                  |
| Spanish        | <input type="checkbox"/> | Other: Please Specify  | <a href="#">Click here to enter text.</a> |
| Portuguese     | <input type="checkbox"/> |                        |   |

**Target Population(s):** [Click here to enter text.](#)

- |              |                          |                        |   |
|--------------|--------------------------|------------------------|---|
| Females Only | <input type="checkbox"/> | Seniors (60 and older) | <input type="checkbox"/>                  |
| Low-Income   | <input type="checkbox"/> | Youth (22 and younger) | <input type="checkbox"/>                  |
| Males Only   | <input type="checkbox"/> | Other: Please Specify  | <a href="#">Click here to enter text.</a> |



**Documents required to receive services: Check all the apply**

- No documentation required  Proof of income
- No documentation initially required  Proof of age
- Call for details  Social Security Card
- Picture ID  Other: Please Specify  [Click here to enter text.](#)
- Proof of address

**Areas Served: Check all the apply**

- Alachua  Gilchrist
- Bradford  LaFayette
- Broward  Levy
- Collier  Union
- Dixie

Please specify if restricted to zip codes or cities describe the limitations.  
[Click here to enter text.](#)

**Features for this Service: Check all the apply**

- Accessibility: Serves those with a Disability
- Children or Youth Program
- Senior Program
- Hours of Program: Evening Hours available
- Hours of Program: Weekend Hours available
- In-Home Services
- Transportation Provided to Service
- Trauma Evidence-Based Modality
  - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
  - Trauma Incident Reduction (TIR)
  - Emotional Freedom Technique (EFT "Tapping")
  - Motivational Enhancement Therapy (MET)
  - Other \_\_\_\_\_



For each location where this service/program is provided,  
please complete a separate Location Page

## Location/Site Link Page

**Name of Service/Program:** Click here to enter text.

**Name of Location:** Click here to enter text.

**Street Address:** Click here to enter text.

**City:** Click here to enter text. **State:** Click here to enter text. **Zip:** Click here to enter text.

Check here if the Agency DOES NOT WANT TO PUBLISH THIS LOCATION ADDRESS FOR THIS SERVICE:

**Name of contact for this service/program at this site:** Click here to enter text.

**Contact's Title:** Click here to enter text.

**Contact's Phone number(s):** Click here to enter text.

**Contact's Fax:** Click here to enter text.

**Contact's Email:** Click here to enter text.

Check here if the Agency DOES NOT WANT TO PUBLISH THE CONTACT'S EMAIL FOR THIS SERVICE:

**Days and hours of this site:** Click here to enter text.



## INTERIM UPDATING PROCESS

**Annual updates to your agency's profile will not be enough to keep your resources accurate and up-to-date.**

**Do you plan to have any significant changes to your Agency Profile during the next 12 months?**

Yes

No

If yes, please tell us when and we will contact you soon after that time, to help you make changes to your profile: \_\_\_\_\_

**Please be aware at any time you need your agency profile updated you can:**

1. Contact the Data Services staff at 954.390.0493;
2. Email Data Services at [211data@211-broward.org](mailto:211data@211-broward.org); OR
3. Update your profile at the Provider Portal  
[http://broward.resourcehouse.com/en/broward/cgi-bin/hub\\_intro.asp](http://broward.resourcehouse.com/en/broward/cgi-bin/hub_intro.asp)