



REQUEST FOR LISTING

Community Service Providers in Marathon, Portage, Lincoln, Oneida and Vilas Counties

Agency Information

Agency Name: _____

Name and Title of Person in Charge: _____

Street Address: _____

Mailing Address (if different from Street Address): _____

City: _____ State: _____ Zip Code: _____

Office phone: _____ Fax: _____

Agency Email: _____

Agency Website: _____

Agency Type:

- Non-Profit For-Profit Faith Based Coalition/Group Government Tribal

Brief description of your Agency:

Program Information

Program Name: _____

Street Address: _____

Mailing Address (if different from Street Address): _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Toll-Free: _____

TTY/TDD: _____ Fax: _____

Program Email: _____

Program Website: _____

Program Contact Information (public contacts):

Primary Public Contact Person (Name & Title): _____

Phone: _____

Extension: _____

Email: _____

Alternate Contact Person(s)

Name & Title	Email	Phone

Service Offered (Please describe):

Eligibility Requirements (e.g., income, age, disability, health-related conditions, no requirements - open to all):

Intake Procedure: _____

What to Bring to 1st Appt: _____

Fees: _____

Reimbursement/Payment Plans:

- Sliding Fees Private Pay Medicare Medicaid Badger Care
 Private Insurance Other: _____

Hours of Operation or Meeting Times: _____

Languages Spoken (or Interpreter Service Available): _____

Geographic Area Served (e.g., city, county, statewide): _____

Major Source of Funding: _____

Driving Directions/Bus Route: _____

To improve our service to people in Lincoln, Marathon, Oneida, Portage and Vilas Counties, United Way's 2-1-1 collects American Disability Act (ADA)-related information about access to local programs. Please provide the following information by checking all those that apply.

Serving People with Physical Disabilities

- Reserved accessible parking is available
- Doorways and hallways are at least 36" wide
- Elevators accommodate wheelchairs
- Building entrance is free from steps and curbs
- Restrooms accommodate wheelchairs
- Services on ground floor (no elevator needed)

Serving People with Speech/Hearing Disabilities

- American Sign Language (ASL) interpreters are available on-site

Serving People with Visual Disabilities

- Information is available via materials in Braille
- Information is available via spoken word recordings
- Information is available via Large Print materials
- Someone is available on-site to read materials one-on-one

Person Responsible for Verifying Program Information

Name & Title: _____

Phone: _____ Extension: _____ Email: _____

Contact information be made confidential (not to be given out to the general public): Yes No

I authorize United Way's 2-1-1 to include this information in their resource database and to share with individuals who contact them for information and referrals

May we include your information in our public online database? Yes No

May we include your information in our print publications? Yes No

Your Name & Title: _____

Email: _____ Phone: _____

Today's Date

Please submit this request via email to mschreiber@unitedwaymc.org, or you can print the pages out and fax them or mail them to :

United Way's 2-1-1
United Way of Marathon County
705 S. 24th Ave, Ste. 400B
Wausau, WI 54401
Fax: (715) 848-2929

If you have questions or need assistance filling out the form, please contact United Way's 2-1-1 Resource Specialists at (715) 848-2927, Monday - Friday, 8:00 - 5:00 p.m.

Thank you for providing United Way's 2-1-1 with your program's information.

Internal Use Only
Date of Receipt _____
Meets Inclusion Policies ____ Yes ____ No
Staff Name _____