Service Information
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*If your agency provides multiple services or programs, you must complete this form for each service.*

**General Service Information:**

Service Name __________________________________________________________________

Also Known As (AKA) __________________________________________________________

Service Description (as offered to eligible persons; Note: Callers are referred based on this description)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Hours of Operation _____________________________________________________________

**Service Contact Information:**

Physical Address
Street ________________________________________________________________________
City ______________________________  State __________ Zip ________________________

Mailing Address
☐ Different from physical address?

Mailing Address Attention To _____________________________________________________
Street ________________________________________________________________________
City ______________________________  State __________ Zip ________________________

Phone Numbers
Main _________________________________  Toll Free _______________________________
Alternate ______________________________  Fax ___________________________________

Electronic
Website Address _______________________________________________________________
Email Address _________________________________________________________________

Return by mail to NJ 2-1-1 Partnership, PO Box 504 Cedar Knolls, NJ 07927, or fax to c/o Database Manager at (973) 913-4278 or by email to database@nj211.org.
Service Intake Information:
Intake Procedure (ie: Telephone? walk – ins? appointments?) ___________________________
Intake Requirements __________________________________________________________________
Documents Required _________________________________________________________________
General Eligibility (specific requirements or exclusions) ________________________________
_________________________________________________________________________________
Types of Fees (ie: sliding scale, insurance accepted, dues, etc.) ___________________________
_________________________________________________________________________________
Fee Amounts ______________________________________________________________________

Additional Service Information:
Languages Other than English: ______________________________________________________

Service Features
☐ No referral required ☐ Physician referral required ☐ Social Service referral required
☐ Ramps ☐ Wheelchair Accessible ☐ Full ADA Accessibility
☐ Other: ___________________________

Specific service area description (ie: counties, zip codes, townships, school districts, etc.) _____________________
_____________________________________________________________________________________________

Counties Served
☐ Atlantic ☐ Bergen ☐ Burlington ☐ Cape May ☐ Camden
☐ Cumberland ☐ Essex ☐ Gloucester ☐ Hudson ☐ Hunterdon
☐ Middlesex ☐ Mercer ☐ Monmouth ☐ Morris ☐ Ocean
☐ Passaic ☐ Salem ☐ Somerset ☐ Sussex ☐ Union
☐ Warren ☐ Statewide ☐ National ☐ Worldwide ☐ Worldwide

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