

Agency Information

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General Agency Information:							
Official Agency Name							
Also Known As (AKA) Agency Description (1-2 sentences summarizing the agency's primary nature and activities)							
Agency Description (1-2 sentences sum	marizing th	e agency's primary nature and activities)					
Agency Hours of Operation							
Agency Legal Information:							
Federal Employee Identification Number	er (EIN-FEI	N)					
Provider Type:		Funding Source:					
For – Profit		Government					
Non – Profit		Donations					
Government		Membership Fees					
☐ Faith – Based		Private Organizations					
Other:		Service Fees					
		United Way					
		Other:					
Agency Contact Information:							
Physical Address							
Street							
City	State	Zip					
Should physical address show on web si	ite?						
☐ Yes ☐ No							
Mailing Address							
☐ Different from physical address?							
Mailing Address Attention To							
Street							
City	State	Zip					









Agency Information

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Contact Phone Numbers	
Main	Toll Free
Alternate	Fax
Electronic	
Website Address	
Email Address	
Agency Updating Information:	
Staff person responsible for verifica	ation and updating of agency information
Name	Title
	Fax
Preferred Method of Contact	
Agency Verification Information: Permission to Use Data (please procomplete. It has been reviewed by or	
Cianatura	Data









Service Information

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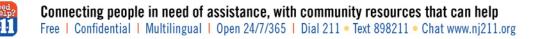
If your agency provides multiple services or programs, you must complete this form for each service.

General Service Information:				
Service Name				
Also Known As (AKA)				
Service Description (as offered to eligib	ole persons; Note	e: 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 Fro	ee		
	Fax			
Electronic				
Website Address				
Email Address				









Service Information

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Service Intake Infor							
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 In Languages Other than							
Service Features No referral required		Physician referral requal Wheelchair Accessib		ice referral required			
Ramps Other:			ie 🗀 Fuii ADA	Accessibility			
Specific service area description (ie: counties, zip codes, townships, school districts, etc.)							
Counties Served	Bergen	Burlington	Cape May	☐ Camden			
Cumberland	Essex	Gloucester	Hudson	Hunterdon			
Middlesex	Mercer	Monmouth	Morris	☐ Ocean			
Passaic	Salem	Somerset	Sussex	Union			
Warren	Statewide	National	Worldwide				





