



2-1-1 Palm Beach/Treasure Coast
Affiliate Application
www.211palmbeach.org or www.211treasurecoast.org

- 1. Please use Affiliate Information Page for general information about your organization.
2. Please use separate Site(s) and Service(s) Information Pages describing all services provided.

Agency/Company Name: _____

Commonly known as: (aka, short name, acronym) _____

Administrative Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Chief Administrator: _____ Title: _____

Telephone Number Extension Telephone Description (Main Number, Administration, Intake, Toll-Free)

FAX Web Address: _____

TDD E-mail Address: _____

Social Media: _____

Administration Office Days/Hours: _____

Type of Agency (i.e. Non-Profit, For Profit) _____

Federal ID Number: _____ License/Accreditation (i.e. AHCA): _____

IRS Status (i.e. 501C3): _____ Year of Incorporation _____ Annual Budget _____

Brief Description of Agency: _____

I have reviewed all the information and certify that it is accurate to the best of my knowledge. I understand that Palm Beach/Treasure Coast reserves the right to edit submitted material for clarity and to use the information for dissemination to the public.

Authorized Signature: _____ Date: ____ / ____ / ____



Resource Survey Site Information

1. Please use separate Site or Service Information Page for each Location and/or Service Provided.
2. Please duplicate Site and/or Services Information Pages as needed.
3. Please submit all Site and Services Information Pages with only one Affiliate Information Page.

Site Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If different): _____

City: _____ State: _____ Zip: _____

Telephone Number	Extension	Telephone Description (Intake, Emergency Only, Toll-Free, Cell)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	FAX	_____
_____	TDD	_____

Email: _____ Website: _____

Chief Administrator: _____ Title: _____

Days and Hours: _____

Social Media: _____

Brief Description of Service(s) Provided at Site: _____

Nursing Homes, ALF's, Home Health, Homemaker-Companion and Nurse Registry Agencies

MUST SEND 211 a copy of your **AHCA License with expiration date**, as well as a copy of your proof of liability insurance.

Resource Survey Services Information Provided at Site (Please Duplicate Service Page as Needed)

Service(s) described on this page are provided at the following Site(s): _____

Program Name (If Applicable): _____

Service Phone Numbers (If different than Site): _____ Fax _____

Person in Charge: _____ Title: _____

Email: _____ Website: _____

Service(s) Days/Hours: _____

Service Area: (i.e. .Palm Beach County, St. Lucie County, West Palm Beach or All Areas?) _____

Eligibility Criteria: _____

Fees: _____

Intake/Application: (i.e. Contact by Phone, Walk in, By Appointment, Assessment)

Languages: English Spanish Creole ASL Others: _____

Documents Required: _____

Service(s) Description _____

211 Palm Beach/Treasure Coast , PO Box 3588, Lantana, FL 33465 Phone: 561-231-7220 ext 1510 jennifer.harris@211pbtc.org

(BASED ON THE DESCRIPTION ABOVE 211 PALM/BEACH TREASURE COAST WILL INDEX STANDARDIZED TAXONOMY TERMS WHICH IS BASED UPON THE AIRS/211 LA COUNTY TAXONOMY www.211taxonomy.org)

**Please Submit these forms to: Jennifer Harris, Database Reports Specialist
Email: jennifer.harris@211pbtc.org Phone: 561-231-7220 ext 1510**