



CONTACT Altoona/ PA 2-1-1 Central Region Agency/Program
Registration Form Business Office
Phone: (814) 946-0531
Fax: (814) 946-4573
2728 8th Avenue, Altoona, PA 16602



Serving Bedford, Blair, Cambria, Centre and Somerset Counties

Complete form and hit the SUBMIT button on the last page to submit by email, or print and send via mail or fax.

AGENCY INFORMATION – PAGE 1 OF ____

Official Agency Name _____

→ **Federal Employer Identification Number (EIN-FEIN)** _____

Aliases _____

Description of Agency (1-2 Sentences summarizing the organization’s prime nature and activities)

IRS Status _____ Year of Incorporation _____

Legal Status/Agency Type (i.e., Private, Nonprofit Corporation, etc.) _____

Licenses or Accreditations

Type _____ Number _____

Type _____ Number _____

Agency Physical Address Confidential? Yes No

Agency Physical Address _____

City _____ State _____ Zip _____

Internet Resource Only? (Check if no physical address for this site)

Agency Mailing address (if different from physical) Mail Address Attention to _____

Agency Mailing Address _____

City _____ State _____ Zip _____ County/Location _____

Agency Phone Number(s) Including Extensions

Main Phone _____ Hotline Phone _____

Fax _____ Emergency/After Hours Phone _____

TDD _____ Other (type and number) _____

Agency Web Address _____

Agency E-Mail Address(es) _____

Agency Director or Administrator (Check to hide information from public view)

Name _____ Position _____

Email _____ Phone _____ Ext _____

Contact at Agency

Name _____ Position _____

Email _____ Phone _____ Ext _____

Contact for Updating Purposes

Name _____ Email _____

Phone _____ Ext _____ Fax _____

Permission to Use Data (Please provide signature _____ for digital submissions, you accept your typewritten name as your digital signature.) The enclosed information is accurate and complete. It has been reviewed by our agency and may be used by PA 2-1-1 for referral, publication, print, electronic and internet purposes. We have noted any information that is not to be publicized.

Signature _____ Date _____



CONTACT Altoona/ PA 2-1-1 Central Region
Agency/Program Registration Form
Business Office (814) 946-0531



If different from the Agency, the information below should correspond to the physical location of the site in which services are provided. If more than one location, please make appropriate copies before continuing.

Site Name Site Number

Aliases

Description of Site Program (1-2 Sentences summarizing the primary activities that happen at the site)

Languages (other than English consistently available):

Facility/ADA Access (Please check all that apply):

- Wheelchair Accessible, Designated Handicapped Parking, Accessible for Disabled Ramps, Accessible Main Entrance, Others:

Site Physical Address Confidential? Yes No

Site Physical Address

City State Zip County/Location

Internet Resource Only? (Check if no physical address for this site)

Mailing Address (if different from physical) Mail Address Attention to

Site Mailing Address

City State Zip

Site Phone Number(s) Including Extensions

Main Phone Hotline Phone

Fax Emergency/After Hours Phone

TDD Other (type and number)

Site Web Address

Site E-Mail Address(es)

Other Social Media

Days and Hours of Operation (Administrative hours the site is open to the public)

Site Director or Administrator (Check to hide information from public view)

Name Position

Email Phone Ext



CONTACT Altoona/ PA 2-1-1 Central Region
Agency/Program Registration Form
Business Office (814) 946-0531



Information below should correspond to services available at the site / location. If multiple services, please make appropriate copies before continuing.

Site Name or Number (from prior page) _____

Service Name _____

Aliases _____

Description of Service (as offered to eligible persons. Note: Callers are referred based on this brief description.)

Geographic Area(s) Served (ie: counties, zip codes, townships, school district, etc.)

Intake Procedure (ie: telephone? walk-ins?) _____

Intake Requirements _____

Documents Required _____

General Eligibility (specific requirements or exclusions) _____

Types of Fees (ie: sliding scale, insurance, dues, donation, etc.) _____

Fee Amounts _____

Languages (other than English consistently available): _____

Service Contact

Name _____ Position _____

Email _____ Phone _____ Ext _____

Service Phone Number(s) Including Extensions

Main Phone _____ Hotline Phone _____

Fax _____ Emergency/After Hours Phone _____

TDD _____ Other (type and number) _____

Service Website(s)/URL(s) _____

Days and Hours Services Available: _____

Contact for Updating Site / Service Information (if different from Agency Contact)

Name _____ Title _____

Email _____ Phone _____ Ext _____

(Revised May 2017)



CONTACT Altoona/ PA 2-1-1 Central Region
Agency/Program Registration Form
Business Office (814) 946-0531



If different from the Agency, the information below should correspond to the physical location of the site in which services are provided. If more than one location, please make appropriate copies before continuing.

Site Name Site Number

Aliases

Description of Site Program (1-2 Sentences summarizing the primary activities that happen at the site)

Languages (other than English consistently available):

Facility/ADA Access (Please check all that apply):

- Wheelchair Accessible, Designated Handicapped Parking, Accessible for Disabled Ramps, Accessible Main Entrance, Others:

Site Physical Address Confidential? Yes No

Site Physical Address

City State Zip County/Location

Internet Resource Only? (Check if no physical address for this site)

Mailing Address (if different from physical) Mail Address Attention to

Site Mailing Address

City State Zip

Site Phone Number(s) Including Extensions

Main Phone Hotline Phone

Fax Emergency/After Hours Phone

TDD Other (type and number)

Site Web Address

Site E-Mail Address(es)

Other Social Media

Days and Hours of Operation (Administrative hours the site is open to the public)

Site Director or Administrator (Check to hide information from public view)

Name Position

Email Phone Ext

(Revised May 2017)



CONTACT Altoona/ PA 2-1-1 Central Region
Agency/Program Registration Form
Business Office (814) 946-0531



Information below should correspond to services available at the site / location. If multiple services, please make appropriate copies before continuing.

Site Name or Number (from prior page) _____

Service Name _____

Aliases _____

Description of Service (as offered to eligible persons. Note: Callers are referred based on this brief description.)

Geographic Area(s) Served (ie: counties, zip codes, townships, school district, etc.)

Intake Procedure (ie: telephone? walk-ins?) _____

Intake Requirements _____

Documents Required _____

General Eligibility (specific requirements or exclusions) _____

Types of Fees (ie: sliding scale, insurance, dues, donation, etc.) _____

Fee Amounts _____

Languages (other than English consistently available): _____

Service Contact

Name _____ Position _____

Email _____ Phone _____ Ext _____

Service Phone Number(s) Including Extensions

Main Phone _____ Hotline Phone _____

Fax _____ Emergency/After Hours Phone _____

TDD _____ Other (type and number) _____

Service Website(s)/URL(s) _____

Days and Hours Services Available: _____

Contact for Updating Site / Service Information (if different from Agency Contact)

Name _____ Title _____

Email _____ Phone _____ Ext _____

(Revised May 2017)