

Community Living Connections Resource Directory Organization Information Form

Aging & Disability Resource Network Collecting Data:

We first want to thank you for taking the time and energy to provide us with your most current information. If you have any questions please contact our Resource Specialist:

Name

Email

Phone

This form pertains to the overall governing organization/business, not the individual Services/Programs. For individual primary Services/Programs provided, complete a Service Listing/Program Summary for each (i.e. Personal Care, Home Health, Food Pantry, Volunteer).

ORGANIZATION/AGENCY/BUSINESS INFORMATION

Please clearly fill out all items. If not applicable, please mark N/A. Please do not abbreviate. All fields marked with (*) are required for inclusion into our database.

This section is considered CONFIDENTIAL and will NOT be shared publically.

*Authorized Administrative Staff Name Completing Form: _____

*Title: _____ *Staff Email Address: _____

*Phone: _____ Date Completed: _____ Initial Submission or Annual Update

The remainder of this form will be made available to the public within CLC-Get Care.

*Organization/Business Full Legal Name: _____

*Organization/Business AKAs (dba, abbreviations, prior names, all that apply): _____

*General Email: _____

Website: _____

*Physical Address: _____ Confidential

*Mailing Address: _____ Confidential

Accessible to Public Transportation Provides Transportation to/from Service?

*General Contact Numbers (please list all & type): *Main: _____ Fax: _____

Toll-Free: _____
Other/Specify _____ Other/Specify _____

*Brief Description of Agency (this is a non-biased, non-jargon, non-marketing, succinct and relevant description): _____

Main Site Description:

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***ADA Accessible:** No Yes Fully Yes Partially Unknown **Elevator:** Yes No N/A

***Service Area** (if specific programs/services areas vary, this will be addressed on the Program/Service Listing section(s)):

- Nation-Wide State-Wide Clark Cowlitz Wahkiakum Klickitat Skamania
 Clallam Jefferson Pacific Grays Harbor Island San Juan Skagit
 Whatcom Snohomish King Pierce Lewis Mason Thurston Adams
 Chelan Douglas Grant Lincoln Okanogan Asotin Benton Columbia
 Franklin Garfield Kittitas Walla Walla Yakima Yakima Nation Ferry
 Pend Oreille Spokane Stevens Whitman Colville Nation Kitsap County

List any Oregon or Idaho Counties Served: _____

Administrator's Name: _____

Administrator's Title: _____

***Hours:**
 Include
 AM/PM

Day

Open

Close

- | | | |
|------------------------------------|-------|-------|
| <input type="checkbox"/> Monday | _____ | _____ |
| <input type="checkbox"/> Tuesday | _____ | _____ |
| <input type="checkbox"/> Wednesday | _____ | _____ |
| <input type="checkbox"/> Thursday | _____ | _____ |
| <input type="checkbox"/> Friday | _____ | _____ |
| <input type="checkbox"/> Saturday | _____ | _____ |
| <input type="checkbox"/> Sunday | _____ | _____ |

***IRS Status:** 501(a) 501(c)(3) Commercial Sole Proprietorship

***FEIN#:** _____ **State Business Identifier:** _____ ***Year of Incorporation:** _____

Annual Budget Total: _____

Organization Funding Sources: United Way Individual Contributions Corporations
 (check all that apply)

Foundation Federal Government Local Government State Government

***Legal Status:** Local Government Federal Government Private, for-Profit
 (check one) Private, Non-Profit State Government

Please include any additional information not captured above: