

2-1-1 Texas Information and Referral Network Database Inclusion/Exclusion Criteria

The function of the 2-1-1 Texas Information and Referral Network (2-1-1 TIRN), also referred to as 2-1-1 Texas, is to collect, organize, and disseminate comprehensive and accurate information regarding government and non-profit social services available to residents of Texas. These criteria are based on the Alliance of Information and Referral Systems (AIRS) [Standards for Professional Information and Referral](#).

Inclusion Policy:

Service organizations seeking inclusion of their agency in the 2-1-1 database must be providing services for six (6) consecutive months prior to consideration for inclusion in the database. Information and/or validated internet links about programs and organizations falling under the following categories may be considered for inclusion in the 2-1-1 database:

- Federal, state, county, and/or municipal government social service programs
- Community, nonprofit, and/or faith-based organizations that offer social services to the community at large
- Critical for-profit health and human services¹
- Health and human service advocacy groups and professional organizations
- Toll-free hotlines and websites which provide information about/or direct access to a health or human service to Texans

To remain in good standing and prevent removal, all organizations in the database agree to participate in an annual review and maintain regular updates of their data as changes occur.

Exclusion Policy:

2-1-1 TIRN reserves the right to exclude and remove organizations and programs from the 2-1-1 database. Grounds for exclusion or removal from the database may include, but are not limited to:

- Inclusion in a “Specialized Database”²
- Service non-delivery

¹ “Critical for-profit” social services are those of foundational importance and/or provide a unique offering to a community or region. A “critical for-profit” service would be considered for inclusion in the database if similar non-profit or governmental services in the community are missing or lacking. Special consideration of associated fees is necessary.

² A specialized database offers information about services for a particular need or demographic. 2-1-1 TIRN makes all efforts to avoid duplication of existing databases. If an existing database offers information about specialized services and meets this inclusion policy, 2-1-1 TIRN may link to such databases, rather than duplicating these services within the 2-1-1 database.

- Failure to update information annually or as changes occur
- Fraud or misrepresentation
- Discrimination
- Criminal activities
- Serious substantiated complaints lodged against the organization with:
 - Any regulatory body
 - Health and human service organizations
 - 2-1-1 TIRN, or any other program of the Health and Human Services System
 - 2-1-1 TIRN Area Information Centers (AICs)

If an organization, or the programs for which the organization is requesting inclusion, does not meet the guidelines for inclusion into the 2-1-1 database, or meet any of the exclusion guidelines, the regional AIC will notify that organization of exclusion by letter or email. An organization who receives an exclusion determination may file an appeal. Appeals must be submitted via letter or email to the AIC that issued the exclusion determination.

Inclusion appeals will be considered during a monthly meeting of 2-1-1 Resources Managers. Resource Managers will decide the matter by consensus based on the 2-1-1 TIRN Inclusion / Exclusion Criteria. The organization will be notified of the appeal decision by letter or email within two (2) weeks following the meeting.

An organization has the right to a final appeal to the 2-1-1 TIRN Program Manager within thirty (30) days of receipt of an exclusion appeal determination. The 2-1-1 TIRN Program Manager will issue a decision by letter or email within one (1) month of receipt of the appeal. The decision of the 2-1-1 TIRN Program Manager is final.

The Resource Managers group will review, and revise as necessary, these Inclusion/ Exclusion Criteria once per year.

Community Resource Database Information Form

IMPORTANT-PLEASE READ:

Your organization's information is important. We want to be able to appropriately refer individuals to you, for that we need current and accurate data on all programs, services and organizations in our eight county service area. Please take the time to supply the agency information requested. The information in our database may also be made available on the Internet and in various booklets. All of these formats are available to other organizations as well as the general public. Many organizations and individuals use this information to refer others to your organization and programs based on your information. Please do not include any information that you do not want released to the public. All information we request should be provided at your discretion. We reserve the right to edit your information. An agency update will be sent to your organization yearly to give you the opportunity to make changes, additions or deletions that will keep our database current. Also, please add us to your mailing list when announcing changes to your agency and programs.

If you have any questions, please contact the Resource Department at 214-871-5065. You may FAX these forms to 214-879-0742 or mail them to: CCGD, 2-1-1 Texas InfoLine, Attn: Resource Department; 1341 W Mockingbird Ln. Suite 1000W, Dallas, TX 75247

PART ONE: AGENCY DATA

This is the section on general agency data. You need only fill this section out once. However, please fill out both this sheet and the program information sheet. There are items of information on page two that are not covered here. *Part Two* consists of information on specific programs. Please copy the page for Part Two as many times as necessary in order to fully describe the services and/or programs and sites of your agency.

AGENCY name (as it should be listed in any publications):

Is your agency commonly known by any other name? If so, please list. _____

Year Established: _____

AGENCY street address: City: Zip: _____

Agency mailing address, if different: _____

To whose attention should agency mail regarding updates be sent? _____

Person in charge of agency: Title: _____

Agency Type (choose one):

Nonprofit (501c3) State Agency Government For Profit Church Affiliated Other,

Please List:

Is your agency wheelchair accessible? Yes No

Agency Main Phone: _____

Alternate Phone: _____

Toll Free Number: _____

Fax Number: _____

TDD/TTY: _____

Agency E-mail address and recipient's name: _____

Agency web site/Internet address: _____

Agency Hours of Operation (with the understanding that this may differ from program hours):

Agency Description (agency description, purpose/mission, etc.) DO NOT LIST SERVICES HERE. PUT THEM ON THE FOLLOWING PAGE.

I certify that this information is complete and accurate to the best of my knowledge, and may be included in printed and electronic publications.

Signature of person completing form: _____

Date: _____

PART TWO: PROGRAM INFORMATION

Please make copies of this form if necessary for multiple programs, locations, etc.

2-1-1 Texas is a public private partnership between the Community Council of Greater Dallas and the Texas Health and Human Services Commission.

Program Name: _____
Program Street Address, City, State and Zip: _____
Program Mailing Address: _____
Other names by which this program is known: _____
Program Phone: _____
Alternate Phone: _____
Program Fax: _____
Program's contact e-mail address: _____
Program hours of operation: _____
Who is eligible for this program? (i.e. age, income level, residency, other factors): _____

Program Funding Sources (check all that apply): Federal State County City United Way
 Donations Foundation-I FEMA Fees Other:

What fees, if any, are involved? _____
What is the intake/application process? _____
What languages are spoken? _____
Is your program: Accessible for Disabled? Yes No Wheelchair Accessible? Yes No
Public transportation available? Yes No
What area do you serve (i.e. city, county, zip codes)? _____

Is this program offered in locations other than the one listed above in the "Program Mailing Address"? Yes No ***If yes, please supply here or on an additional sheet.

Description of services offered by this program:

Is there anything else we need to know to make appropriate referrals to, or distribute accurate information on, this program?

Please verify that this information is complete and accurate to the best of your knowledge, and may be included in printed and electronic publications.

Signature of person completing form

Date

Agency Check List

Requirements for Inclusion in the Sourcebook/Directory of Services

- 1. One copy of the letter from the Internal Revenue Service certifying that the agency is a tax-exempt, not for profit Texas corporation as described in Section 501 c(3) of the tax code and is not a private foundation.
- 2. For an organization that is a unit of government dependent on tax revenue for the majority of its support, a notarized statement is required to that effect.
- 3. Certification, signed by the chief executive officer that:
 - a) the organization has been incorporated within Texas and operational for at least two years by October 1,2005, and
 - b) discrimination on the basis of age, sex, race, national origin, veteran status, disability of religious affiliation is prohibited in service, volunteer utilization and employment.
- 4. The area served by the agency must target Dallas County or the agency must be a United Way *of* Metropolitan Dallas-affiliated in Denton, Collin, Ennis, Rockwall or Kaufman counties.
- 5. The primary service provision to individuals is based upon need rather than ability to pay. To demonstrate compliance with the requirement the following information is requested: a) the fee schedule for each service-or program offered,
 - b) a record of the number of clients served the previous year, and c) a written statement regarding how clients pay for services.

Are all fees paid in full by the individual? Are other arrangements available? Specify the circumstances and the type of arrangements (e.g., no charge, sliding scale fees, grants, scholarships; third party payments, etc.).

- 6. Paid or volunteer personnel equivalent to at least one full-time position.
- 7. Regularly scheduled service and/or office hours.
- 8. An identifiable office location (not just a mailing address) with a working telephone answered in person during scheduled hours.
- 9. Completion of information survey (must be original signature copy).

2020 - 2021 DIRECTORY OF SERVICES INFORMATION SURVEY

AGENCY/PROVIDER CONTACT INFORMATION

MAPSCO PAGE/GRID:

AGENCY
ADDRESS:

MAILING ADDRESS:
(IF DIFFERENT)

PHONE:
FAX:

ALTERNATE PHONE:
METRO:

24HOUR PHONE:

DIRECTOR:
OTHER CONTACT:

TITLE:
TITLE:

SCHEDULE SERVICE HOURS (INDICATE DAYS & HOURS):

SERVICE DESCRIPTION

1. Describe the services you provide (PLEASE BE BRIEF):
2. Are your services provided in a 'specific geographical area (e.g., zip codes, county, etc.)? [] Yes [] No If so, please specify:
3. What population is served? (CLIENT BASE):
4. Describe Client Eligibility Criteria:
5. If eligibility requirements are different among programs, please explain:
6. How does a client apply for service(s)?
Call? [] Yes [] No
Walk in? [] Yes [] No
Appointment? [] Yes [] No
Write in? [] Yes [] No
(Specify day/time/location):
7. Is the phone answered in person scheduled business hours? [] Yes D NO

ADDRESS AND PHONE NUMBER OF BRANCH OFFICE/PROGRAM SITES/SERVICE CENTERS, ETC

INTERNET/WORLD WIDE WEB

1. Do you have Internet access (includes email or home page/website)? [] Yes [] NO
2. If yes, do you want this indicated in the Directory? [] Yes [] No
3. Please list your email address and/or website url:

OTHER ACCESS PROVISIONS

1. Any bilingual (Spanish -English) staff available? [] Yes [] No
2. Any other languages (specify)? _____

(SURVEY CONTINUED ON BACK PAGE ... TURN OVER TO COMPLETE)

3. Do you have access to public transportation (DART)? Yes No
4. Do you have any of the following resources for the disabled:
- | | |
|--|---|
| Sign language interpreters? <input type="checkbox"/> Yes <input type="checkbox"/> No | Readers? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Braille materials? <input type="checkbox"/> Yes <input type="checkbox"/> No | Large print materials? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Taped materials? <input type="checkbox"/> Yes <input type="checkbox"/> No Kurzweil | Amplification devices? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| reading machine? <input type="checkbox"/> Yes <input type="checkbox"/> No | Relay Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other _____ | |

MINISTRATION INFORMATION

State of Texas Incorporation Date: _____ Years in Operation: _____
 Please describe briefly the history of your organization:

State the source(s) of funding (BE SPECIFIC):
 Do you have sliding scale fees? Yes No
 Number of Paid Staff? Total _____ Full-time _____ Part-time _____
 Number of Volunteers _____ Number of Volunteer hours per week _____

CERTIFICATION

I certify that the information provided on this form is an accurate and current reflection of this agency and its services. As the chief executive officer of this agency, I give permission to the Community Council of Greater Dallas to edit this information for use in the Council's copyrighted Directory of Services. I understand this information may also be available via the internet in digital form.

SIGNATURE of Chief Executive Officer / President / Executive Director **(REQUIRED)** _____ DATE _____
 PRINT NAME OF CEO: _____

CONTACT PERSON: _____ PHONE: _____

Please return this completed form and all other requested information to:

Resource Department
 Community Council of Greater Dallas
 1341 W Mockingbird Ln., Suite 1000W Dallas,
 Texas 75247-4033 214-871-5065
 phone
 214-879-0742 fax

swells@ccadvance.org

Please return this information as quickly as possible! We appreciate your assistance in making our database and the SourceBook as accurate as possible.

PLEASE NOTE: If you do not return this form by the requested date, signed by your agency executive, YOU WILL NOT BE INCLUDED IN THE SOURCEBOOK, OR IN THE 2-1-1 TEXAS INFOLINE DATABASE FOR REFERRAL.