

# 2-1-1 Texas/Tip of Texas Region Community Resource Database

2-1-1 Texas maintains a resource database containing information about health and human service agencies and other community organizations in each county. Our database also contains information about organizations that do not provide direct services to the general public, but that serve as a resource for non-profits and/or social service professionals.

## INSTRUCTIONS FOR ORGANIZATION & PROGRAM FORMS

Please fill out the attached form completely. We rely on the information you provide to ensure accurate referrals to your organization. Please do not include information that is confidential or information that it is best for you to provide to individuals after they have contacted your organization.

- **Agency Information Section**

Provide information about the agency or organization's main administrative office/headquarters.

- **Site/Service Information Section**

Describe the service(s) your organization offers in this section. One blank form is provided; please make copies and attach if you have more than one program.

## CONTACT INFORMATION

For questions or to send in your forms, please contact:

Lupita Vasquez

[lvasquez@ccrgv.org](mailto:lvasquez@ccrgv.org)

956-447-0759 ext. 57003 | Fax: 956-447-2730

*Thank you for taking the time to fill out these forms. 2-1-1 Texas reserves the right to edit your information and to include or exclude any organization at its discretion. Inclusion of an entity does not constitute endorsement and exclusion does not indicate disapproval.*

## 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 services<sup>1</sup>
- 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"<sup>2</sup>
- Service non-delivery

<sup>1</sup> "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.

<sup>2</sup> 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.



211 Texas/Community Council RGV  
Agency Inclusion Form

Completed by \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

*\*We reserve the right to edit information for brevity, clarity and content.*

Agency Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*Please complete the following if your mailing address is different from your street address.*

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Abbreviated or Also Known As Name \_\_\_\_\_

Agency Director's Name \_\_\_\_\_

Agency Director's Title \_\_\_\_\_

Agency Type (circle one) Federal Employer's Identification Number: \_\_\_\_\_

- Non-profit 501(c) (3)  
  Non-profit  
  Government : \_\_\_ County \_\_\_ Federal \_\_\_ Municipal \_\_\_ State
- Government – Public School District/Board of Education  
  For-profit Organization
- Other Non-Profit (ex: *Church sponsored; Name of Sponsor* \_\_\_\_\_ )

Agency Phone \_\_\_\_\_ TTY \_\_\_\_\_ Toll-Free \_\_\_\_\_

Fax Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_

Website URL \_\_\_\_\_

Business Hours \_\_\_\_\_

**FUNDING SOURCES FOR AGENCY & PROGRAMS (Check all that are applicable)**

- Private Grants  
  Fundraising  
  Membership dues  
  Fees for service  
  United Way  
  Government (circle all that are applicable) **City, County, State, Federal**

Is this facility accessible to people with disabilities? Yes or No \_\_\_\_\_ Is your agency located on a bus line? Yes or No \_\_\_\_\_

**Agency Description:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Site/Program Inclusion Form

**Please complete one form for each program offered by your agency or organization.** If you offer the same programs/services at multiple locations, please attach a listing of other location addresses, phone numbers, and contact person(s). If they provide different services, please make copies of this application and fill them out for each location. **\*We reserve the right to edit information for brevity, clarity and content.**

Completed by \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Program Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Program AKA name \_\_\_\_\_

Phone \_\_\_\_\_ TTY \_\_\_\_\_ Toll-Free \_\_\_\_\_

24 hour or Emergency Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Website URL \_\_\_\_\_

Site Hours \_\_\_\_\_

**Please describe the primary services offered to anyone meeting your program's eligibility requirements and other criteria. Please be brief and use clear verbal. (We do not need your agency's mission statement).**

**Program Description** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

**Eligibility Requirements** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**POPULATIONS SERVED:** \_\_\_ ALL [ \_\_\_ Female \_\_\_ Male ] [ \_\_\_ Infants \_\_\_ Children \_\_\_ Teens \_\_\_ Adults ] [ Ages \_\_\_\_\_ to \_\_\_\_\_ ]

At-risk youth, homeless and runaway youth, teen parents     Low-income singles and families     Undocumented people

Homeless singles, youth and families     Ex-offenders     Individuals with physical disabilities     Veterans     Seniors

Individuals formerly incarcerated

**Program Hours:** *(If different from Administration Hours)*

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**Fees** \_\_\_ Free – No fee \_\_\_ Sliding scale \_\_\_ Flat fee      ACCEPTS \_\_\_ Medicare \_\_\_ Medicaid \_\_\_ Other

Describe: \_\_\_\_\_

**Application Process** (Check one) \_\_\_ Appointment Required \_\_\_ Walk-Ins Accepted (without prior phone call)

\_\_\_ Call for application \_\_\_ Call for information \_\_\_ Other      Describe \_\_\_\_\_

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**Documents Required** \_\_\_\_\_

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**Does this program maintain a waiting list?** \_\_\_ Yes \_\_\_ No

Is this facility accessible to people with disabilities? Y/N \_\_\_\_\_

**Languages Spoken** *(other than English, including sign language)* \_\_\_\_\_

**Service Area Served** *(Please check the **area served** by this program. If this program is available in certain zip code areas or only part of a county is served please list them.)*

Cameron     Hidalgo     Starr     Willacy     Texas

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**For questions, please contact Lupita Vasquez 956-447-0759 ext. 57003.  
Fax/Email completed forms to: 956-447-2730 or lvasquez@ccrgv.org**

**2-1-1 Texas/Community Council RGV**  
Community Resources Database

**MEMORANDUM OF UNDERSTANDING**

**Agency Name:** \_\_\_\_\_

The information you provide for the **Community Council RGV (Tip of Texas Area Information Center (AIC))** Community Resources database may be sold in a printed directory format, directory on disk format, special reports and as mailing labels. The information in the database may also be made available on the Internet and in various booklets and brochures. 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 organization or program information that you do not want released to the public. All information we request is optional and should be provided at your discretion.** We reserve the right to edit your information. Filling out these forms does not guarantee inclusion into our database, only organizations that meet 2-1-1 inclusion criteria will be accepted. A copy of the inclusion/exclusion criteria is included.

I have read the top of this form. ***I hereby authorize*** the Community Council RGV to utilize my organization's information for inclusion in its Community Resource database and all printed and electronic materials that it publishes and/or sells to others.

Yes, I hereby authorize the **Tip of Texas AIC** to utilize my organization's information for inclusion in any print or online publications of community resources. Information that is noted as confidential (such as physical location) will not be given to callers, nor will it be published in other formats.

No, the **Tip of Texas AIC** does not have authorization to print my organization's information in any print or online publication of community resources. The information will continue to be provided to individuals who call the Tip of Texas AIC.

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_