

# 211 Eastern Oklahoma ReferNet Information Sheet – Service



## SERVICE INFORMATION

Please complete this form to provide information about each of your agency’s services that you wish to have listed in the 211 Eastern Oklahoma Resource Database. Please make a copy of this form for each program and for each site where the program is offered.

**Service/Program Name**

### Site Physical Address

Same as agency address

Street  Suite/Apt. #

City, State, ZIP

County

Is this address confidential? YES  NO  Is public transportation available to this location? YES  NO

### Site Mailing Address

Same as physical address

Street  Suite/Apt. #

City, State, ZIP

County

Is this address confidential? YES  NO

**Accessibility** Please describe special accessibility considerations.

### Service Phone Information

Phone 1  **Phone Type:** Main  Toll-Free  Intake  Fax  Spanish  TTY/TTD  Other

Phone 2  **Phone Type:** Main  Toll-Free  Intake  Fax  Spanish  TTY/TTD  Other

Phone 3  **Phone Type:** Main  Toll-Free  Intake  Fax  Spanish  TTY/TTD  Other

**Service Hours of Operation**

**Service Description** Please describe your service/program. (100 words or fewer)

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## Intake Procedure

Check all that apply.

- Application required  Application preferred
- Application available online  Call about service availability
- Appointment required  Appointment preferred
- Professional referral required  Walk-ins accepted

Other information on your agency's intake procedure:

## Fees

Check all that apply.

- None  Contact agency for details
- Set fee  Sliding scale
- Accepts insurance  Accepts Medicaid/Soonercare

Other information on your agency's fees:

## Eligibility

Check all that apply.

- No restrictions  Must meet income guidelines
- Sliding scale  Must reside in service area

Other information on eligibility requirements:

## Documents Required

Check all that apply. **Must provide:**

- Driver's License  Social Security card
- Proof of income  Proof of address
- CDIB card  Utility bill

Other information on documents your agency requires:

## Languages

Check all that apply.

- Spanish  Russian  Hmong
- Vietnamese  Burmese  Zomi
- American Sign Language
- Call ahead for translator  Phone-based translation available

Other languages or additional information:

**Service Area** Please describe counties, cities or ZIP codes served.

Statewide

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## Name of person completing this form

Name

Title

Email  Phone

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