



Please mail or fax with brochures or flyers to:

Aiken County HELP LINE 211
1055-B Silver Bluff Rd
Aiken, South Carolina 29803
(803) 641-4143 (Telephone)
(803) 641-4169 (Fax)

New Agency/ Agency Update/ Agency Corrections

If submitting changes, please **CIRCLE** the item(s) that need correcting or updating.

Agency Name: _____

Other names (AKA, acronyms, former names, DBA, etc.): _____

1. Location and Mailing Address: Is the physical address confidential? Yes No Is this agency home based? Yes No

Physical Address: _____ County: _____

City: _____ State: _____ Physical Address Zip Code: _____

Landmarks: _____

Mailing address, if different from above: _____

City: _____ State: _____ Mailing Zip Code: _____

2. Client Contact Information: Main Telephone Number: _____ Fax Number: _____

Person in Charge Name: _____ Person in Charge Title: _____

Person in Charge Telephone: _____ Email Address: _____

Main Contact Name: _____ Main Contact Title: _____

Main Contact Telephone: _____ Main Contact Email Address: _____

Other Contact Information: _____

Organization Web Address: _____

3. Hours of Operation:

Regular office hours: _____ am/pm to _____ am/pm. Days: Mon Tue Wed Thu Fri Sat Sun

Other hours or special services with limited days or hours: _____

4. Fees: Does your agency charge for services? If so, please choose appropriate fee:

No Fee Set Fee; please specify: _____

Sliding Fee Scale. Please specify eligibility and range: _____

5. Intake: If a client needs your services, what is the best way for them to contact the agency? (Check all that apply)

Walk-in Telephone Appointment Only Referrals required: By whom? _____

6. Required Documentation:

None Required Picture ID/License Social Security Card Birth Certificate Proof of Residence

Proof of Income Proof of Bill Eviction Notice Utility Shut off Notice

Medical/Psychiatric records

Other documents (specify) _____

7. Eligibility: Who is eligible for your services? Include income level, gender, family status, disability, personal situations, etc. (i.e. battered women with children, people with visual impairments, or homeless men.) This helps us make appropriate referrals.

Any exceptions? _____

8. Service Area: Please indicate the area you serve. Statewide (all of South Carolina)? Yes No

County/Countries: _____

City/Cities: _____

Zip code(s): _____

Any exceptions? _____

If any of your services have a different service area from those above, please describe. _____

9. Service Description: Please DESCRIBE the primary services offered to anyone meeting your eligibility requirements. Do NOT list program names only-- you must explain specific services. Examples are after school care, clothing, food pantry, gas money, and utility bill payment assistance.

* _____
* _____
* _____
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* _____

10. Languages: In addition to English, what languages are routinely spoken by your staff? None

Spanish American Sign Language
 Literature/information available in Spanish Other, please specify: _____

11. Public Transportation: Is your facility within 3 or 4 blocks of public transportation? Yes No

12. Accessibility: Is your facility handicap accessible (wheelchair ramps, etc)? Yes No

13. Do you accept volunteers? Yes No How can volunteers help? (Ex. Answer phones, client interviews)

14. Donation Items Accepted (Ex. Canned goods, clothing): _____

Name of Person Completing This Form/Changes Received By (Print Name): _____

Title: _____ Email Address: _____

Signature: _____ Date: _____

*If changes taken by telephone, who submitted the changes? _____

Title: _____ Email Address: _____