

## SERVICES AND PROGRAMS

Briefly describe each of your services or programs. Please copy this page if you provide additional services or programs.

Program/Service Name:	Is this a: <input type="checkbox"/> permanent or <input type="checkbox"/> Temporary service Timeline:
Program Manager/Contact Person:	Phone:
Program/Service Description:	
Eligibility Criteria ( <i>age, gender, place of residence, etc</i> ):	
Referral Instructions (When someone calls the 2-1-1 Information & Referral and wants to use the service, what is the procedure for referring them to your organization?) (Intake application, documents required, etc.)	
Fees:	Hours:
Who will call 2-1-1 to update us when the service or funding is no longer available? Name/Phone	



**Please submit completed form to:**  
 Southeast Ohio 2-1-1 Call Center  
 c/o Troy Alford, Resource Specialist  
 526 Putnam Ave., Zanesville, OH 43701  
 Phone: 740-454-6872 Fax: 740-454-6875  
 talford211@unitedwayofmpm.org

