Agency Profile

Help Me Grow
ORANGE COUNTY

Orange County 2-1-1
Get Connected. Get Answers.

○ Please select this button if this agency is not currently in the Help Me Grow resource database. Please complete all areas of this form.

◉ Please select this button to UPDATE/CHANGE information about an agency that is already in the Help Me Grow resource database. Only complete the areas of the form you wish to have changed in the current listing

1. **Agency Name:** (Legal name of the agency):

2. **Other names by which the agency may be known** (i.e. former names, acronyms, etc.):

3. **Agency General E-mail:** **Agency URL:**

4. **Physical Address:** Physical location of the agency headquarters (Please use *Program Profile* for additional locations):

Address Line 1 Line 2 (if applicable) City Zip Code

Is this address confidential? Is this address handicap accessible? Cross Streets:

5. **Mailing Address:** If different from the address of the physical location of the headquarters (i.e. P.O. box):

Address Line 1 Line 2 (if applicable) City Zip Code

6. **Phone Numbers:** Please list all phone numbers used by the agency headquarters (Please use *Program Profile* for additional phone numbers used by other programs/offices):

Referrals: Admin.: Fax: Other:

7. **Executive Director Contact:**

Name: Title: Phone: E-mail:

8. **Primary Contact:** (Person to contact in order to verify agency/ program information):

Name: Title: Phone: E-mail:

9. **Agency Hours:**

Monday to

Tuesday to

Wednesday to

Thursday to

Friday to

Saturday to

Sunday to

10. **Agency Type:**

○ Non-Profit 501(c)3 (NEW AGENCIES: Please provide a copy of IRS 501(c)3 certification with this form)

○ Faith-Based Non-Profit

○ Government

○ Private, For-Profit

○ Other Please Specify:

11. **Agency Description:**

12. **Mission Statement:**

13. **Additional Information:**

Do you have brochures/flyers about your agency?

Can your agency/program information be used on:

Help Me Grow and/or 2-1-1 brochures/resource guides?

Help Me Grow and/or 2-1-1 web site?

In the event of a disaster, is your agency equipped to offer any special services?

If yes, what kind?

Date Completed: Completed By: Please Type Your Name Here:

Your Title: Name of your agency (or N/A if same as above):

Please save a copy of this form for your records.

When complete, please save this form and submit it via e-mail attachment to the appropriate Help Me Grow Child Development Community Liaison based on the location of your agency.

West Orange County: Tiffany Kaaiakamanu
tnguye82@uci.edu
(714) 939-7126

North/Central Orange County: Carol Montoya
mcarol@uci.edu
(714) 939-7125

South Orange County: Deanna Parga
dparga@uci.edu
(714) 939-7141

Should you have any questions, please contact the appropriate Community Liaison based on the location of your agency.