

Please return your completed application and attachments by mail or fax.

### Who we are

Community Information & Referral connects people in need with organizations that can help them. We've done this since 1964 at no cost to our clients or to the organizations we refer people to.

### How we can help you

Over 600,000 callers and website visitors ask us for help every year. We help them find what they need by referring them to the right agencies, like yours, to help make their lives better.

People also contact us to find out where they can donate their time, money, or other resources.

For Arizona-based nonprofit agencies, we offer a **free** online Community Calendar at [calendar.cir.org](http://calendar.cir.org). Agencies may post their special events where over 30,000 visitors a month can read all about them.

### How to get listed with us

So we may consider including your organization in our resource database, please complete and return this *Agency Application*. **There are no fees to be listed or to receive referrals!**

Please read through out *Database Inclusion/Exclusion Criteria* below to see if your agency qualifies to be listed with us. Return this completed Agency Application starting on the back of this page with any appropriate attachments by fax (602-263-0979) or by mail. All information you provide will be reviewed for inclusion in our referral database. If included, we may refer callers to you for the services you offer.

### Database Inclusion/Exclusion Criteria

All agencies and organizations in the categories listed below are eligible for inclusion in our referral database if they serve people in part or all of Arizona:

- Government and tribal agencies.
- Nonprofit organizations registered with the Internal Revenue Service and/or the Arizona Corporation Commission as a nonprofit.
- Organizations that are staffed completely by volunteers.
- Faith-based organizations with social services (Examples: food boxes, clothing, financial assistance) offered to the general public beyond the organization's own membership roles.
- Hospitals and hospices regardless of their nonprofit or for-profit status.
- For-profit organizations that provide valuable unique services (determined case-by-case).

If your agency does not meet the above qualifications, please discard this application.

For-profit organizations generally not considered for inclusion in our referral database include:

Long-term care facilities and group homes  
Day care centers and children's activity centers  
Individual practitioners (physicians, counselors, lawyers, veterinarians, etc.)  
Taxi, limo, and other private transportation companies

Community Information & Referral reserves the right to edit information for brevity, clarity and content; and to publish the information in a variety of media, subject to confidentiality issues.

Community Information & Referral strives for balance in our database and includes organizations that represent all sides of issues where such organizations are available and meet our inclusion criteria.

Please start your Agency Application on the back of this page.

Please return your completed application and attachments by mail or fax.

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 page and fill out separate pages for each location.

**Agency/Program Name:** \_\_\_\_\_

\_\_\_\_\_

**What programs/services do you provide?** Please list names of programs/services you offer and descriptions of them, not mission statements. You may attach brochures or other documentation instead.

**Physical Address:** (If this is a confidential location, please leave this section blank)

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip+4:** \_\_\_\_\_

**Mailing Address:** (If this is the same as the physical address, please leave this section blank)

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip+4:** \_\_\_\_\_

**Phone Numbers:** (Please include area codes and extensions)

**Main:** \_\_\_\_\_ **Alternate:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**TDD:** \_\_\_\_\_ **Main Fax:** \_\_\_\_\_ **Other Fax:** \_\_\_\_\_

Please return your completed application and attachments by mail or fax.

**Information about the person in charge of your organization:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Should clients ask for anyone specific? If so, please supply that information. If not, leave blank.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**We update our referral database every 6 months. Who should receive update requests from us?**  
*This information will not be made available to the general public. It is for our use only.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website Address: \_\_\_\_\_

Hours/Days of Operation: \_\_\_\_\_

\_\_\_\_\_

Program Fees: \_\_\_\_\_

Intake/Application Process: \_\_\_\_\_

\_\_\_\_\_

Who may use your services? \_\_\_\_\_

\_\_\_\_\_

Languages Available: \_\_\_\_\_

Are your services accessible by individuals with disabilities?  Yes  No

Please return your completed application and attachments by mail or fax.

### What kind of volunteer opportunities do you offer?

Do you accept court ordered community service volunteers? \_\_\_ Yes \_\_\_ No

Please be as specific as possible in listing the types of duties volunteers might perform.

### What kind of donations do you accept? Do you pick up donations?

This may include monetary donations, supplies, services, clothing, food, etc.

### What geographical area do you serve?

(Examples: National, All of Arizona, Maricopa County, Phoenix east of Central)

Federal Employer Identification Number (if applicable): \_\_\_\_\_

Year your organization began offering services: \_\_\_\_\_

Type of Agency:     \_\_\_ Government           \_\_\_ Tribal           \_\_\_ Faith-Based           \_\_\_ For Profit

\_\_\_ Nonprofit (please include a copy of your 501(c)(3) determination letter and board roster if applicable)

\_\_\_ Other (please explain): \_\_\_\_\_

All information you supply is for use by our 24-Hour Help Hotline staff (602-263-8856 / 800-352-3792) and by our web-based clients (www.cir.org). It may also be included in our printed Directory of Human Services and Self-Help Support Groups depending upon your area served and other qualifications.

Please attach any materials you believe will help us understand what you do so we may refer people to your organization efficiently and effectively.

Community Information & Referral reserves the right to edit information for brevity, clarity and content; and to publish the information in a variety of media, subject to confidentiality issues.

Community Information & Referral strives for balance in our database and includes organizations that represent all sides of issues where such organizations are available and meet our inclusion criteria.