



2-1-1 Palm Beach and Treasure Coast
Special Needs Resource Survey
www.211palmbeach.org or www.211treasurecoast.org

Please Submit these forms to: Jennifer Harris, Database Reports Specialist
Email: jennifer.harris@211pbtc.org Phone: 561-231-7220 ext. 1510 Fax: 561-547-8639

Agency/Company Name: _____

Commonly known as: (aka, short name, acronym): _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Chief Administrator: _____ Title: _____

MQA License Number/Type(Doctors/OT/PT/Speech): _____

Phone Number: _____ Description (Main number, Admin etc: _____

Phone Number: _____ Description (Main number, Admin etc: _____

Fax: _____

Web address: _____ Email Address: _____

Administration Office Days/Hours: _____

Type of Agency (i.e. Non-Profit, For Profit): _____ Federal ID Number: _____

IRS Status (i.e. 501c3): _____ Year of incorporation: _____

Brief Description of Agency: _____

Multiple horizontal lines for providing a brief description of the agency.

I have reviewed all the information and certify that it is accurate to the best of my knowledge. I understand that Palm Beach/Treasure Coast reserves the right to edit submitted material for clarity and to use the information for dissemination to the public.

Authorized Signature: _____ Date: / /



Resource Survey Site Information

1. Please use separate Site or Service Information Page for each Location and/or Service Provided.
2. Please duplicate Site and/or Services Information Pages as needed.
3. Please submit all Site and Services Information Pages with only one Agency Information Page.
4. If you have any questions please call Jennifer Harris, Database Reports Specialist 561-231-7220 x1510

Site Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Chief Administrator: _____ Title: _____

MQA License Number/Type(Doctors/OT/PT/Speech): _____

Phone Number: _____ Description (Main number, Admin etc: _____

Phone Number: _____ Description (Main number, Admin etc: _____

Fax: _____

Web address: _____ Email Address: _____

Administration Office Days/Hours: _____

Brief Description of Services Provided at Site: _____

Nursing Homes, ALF's, Home Health, Homemaker-Companion and Nurse Registry Agencies

MUST SEND 211 a copy of your **AHCA License with expiration date**, as well as a copy of your proof of liability insurance.

Resource Survey Services Information Provided at Site (Please Duplicate Service Page as Needed)

Service(s) described on this page are provided at the following Site(s): _____

Program Name (If Applicable): _____

Service Area: (i.e. Palm Beach County, West Palm Beach or All Areas): _____

Eligibility Criteria: _____

Sources of Payment (i.e. Medicaid, Medicare, Private insurance or self-pay): _____

Intake/Application Process (i.e. Contact by phone, Walk-in, or by Appointment): _____

Languages Spoken in Office: English Spanish Creole Other: _____

Documents Required: _____

Service(s) Description: _____

Please indicate if any specific target population for services: _____

**(BASED ON THE DESCRIPTION ABOVE 211 PALM/BEACH TREASURE COAST WILL INDEX
STANDARDIZED TAXONOMY TERMS WHICH IS BASED UPON THE AIRS/211 LA COUNTY TAXONOMY
www.211taxonomy.org)**

