

## **GUIDELINES FOR INCLUSION IN THE INFORMATION & REFERRAL DATABASE**

Thank you for your interest in the Information & Referral database. To save time, please read this entire introduction and instructions before completing the application below.

Information & Referral, a program of Our Family Services, provides information on more than 2,000 services in the Cochise, Graham, Greenlee, Pima and Santa Cruz counties of Southern Arizona. This information is used not only by our Helpline staff to assist callers over the phone, but also by community groups, government and social services organizations throughout the state. Our database also provides the basis for specialized projects and publications we might provide in collaboration with or under contract to other organizations.

By providing information to the database, you agree to respond promptly to requests for updates, and to notify us of any changes between updates. You also agree to provide the services that you represent in your application or future updates. In addition, you give permission for all or part of the information you provide to be included in directories and other printed materials that link people with services.

- ◆ The organization must provide service to Arizona residents, regardless of provider's location.
- ◆ The organization must provide a human service, defined by the Alliance of Information & Referral Systems, as:

The activities of human services professionals which help people become more self-sufficient, sustain independence, strengthen family relationships, support personal and social development and ensure the well-being of individuals, families, groups and communities. Specific human services include ensuring that people have access to adequate food, shelter, clothing and transportation; financial resources to meet their needs; consumer education and decision support; criminal justice or legal services; education and employment; health and mental health care, including substance abuse services; and environmental protection, both routinely and in times of disaster or other emergencies. Human services also facilitate the capabilities of people to care for children or other dependents; ensure that protective services are available to those who are vulnerable; provide for the support of older adults and people with disabilities; offer social, faith-based, and leisure time activities; provide for the cultural enrichment of the community; and ensure that people have the information they need to fully participate in community life.

- ◆ Must also be a qualifying organization, such as:
  - Not-for-profit corporations with IRS 501(c) status.
  - Informal or membership groups, or clubs which do not exist to make a profit
  - Government agencies (federal, state, tribal, county or city) that provide human services. No attempt will be made to list all governmental agencies or departments.
  - Private or public hospitals
  - For-profit organizations are considered on an individual basis. Inclusion is based on lack of comparable services available through not-for-profit agencies or groups, and degree of need for the service.
  - For-profit sponsorships

We reserve the right to edit information for brevity, clarity, format and space requirements. Inclusion of an agency or organization does not imply endorsement by Our Family services. Organizations that have been in existence for a minimum of one year and are expected to continue operation will be eligible for consideration for publication in the Directory of Community Resources and other publications that link people with services. We reserve the right to refuse or discontinue listings for organizations that have had serious complaints lodged against them with any regulatory body or with Information & Referral.

## **APPLICATION FOR INCLUSION IN I&R DATABASE**

The I&R database is PROGRAM-BASED. That means that there is a listing for each major program area of an agency/organization. If your agency/organization provides only one type of service, the information in the AGENCY INFORMATION and the PROGRAM INFORMATION will be the same.

However, if your agency/organization offers multiple services, please duplicate both pages of the program section and fill out a separate one for each major program area.

Write the descriptions using clear language. Avoid "ad copy" and technical language. Be sure to list all services provided so that we can code your information accurately. If you have any questions, please contact Lora at 323-1708 x 260 or [lturovich@ourfamilyservices.org](mailto:lturovich@ourfamilyservices.org)

Mail or fax your application to:

Lora Turovich  
Information & Referral, a program of Our Family Services  
PO Box 40250  
Tucson, AZ 85717  
Fax: (520) 323-9077

**AGENCY INFORMATION**

AGENCY NAME:

---

PHYSICAL ADDRESS:

---

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP+4: \_\_\_\_\_

MAILING  
ADDRESS

---

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP+4: \_\_\_\_\_

PERSON IN CHARGE OF AGENCY & TITLE:

---

AGENCY TYPE (select one):

501(c) Nonprofit Informal Nonprofit Group For-Profit Government Faith-based

TELEPHONE NUMBER(S): Telephone Description and/or Contact Person

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_ FAX

EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

DAYS & HOURS:

---

FUNDING SOURCE(S):

---

DESCRIPTION OF AGENCY (write a brief overview of the mission/purpose of the AGENCY):

---

---

---

---

---

---

---

**PROGRAM/SERVICE INFORMATION**

PROGRAM NAME: \_\_\_\_\_

BEGAN OPERATION: \_\_\_ / \_\_\_ / \_\_\_\_\_

PHYSICAL ADDRESS:  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip+4: \_\_\_\_\_

MAILING ADDRESS:  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP+4:  
\_\_\_\_\_

ACRONYM/ALTERNATE NAME: \_\_\_\_\_

PERSON IN CHARGE OF PROGRAM & TITLE:  
\_\_\_\_\_

TELEPHONE NUMBER(S): Telephone Description and/or Contact Person

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

DAYS & HOURS:  
\_\_\_\_\_

DESCRIPTION OF PROGRAM (Please write a clear, concise description of this PROGRAM, reflecting the full range of services offered. Attach additional description if necessary.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AREA SERVED: (such as City of Tucson; Bisbee area; Santa Cruz County; etc.):  
\_\_\_\_\_

ELIGIBILITY (such as Females only; Adolescents ages 15-17 years; Ex-offenders; etc):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

FEES: (such as None; Sliding scale; \$10/ hour; etc.)

---

INTAKE PROCEDURE: (such as Call for appointment; Call for intake; Come in for application)

---

LANGUAGES SPOKEN

---

FUNDING SOURCE(S):

---

ACCOMMODATIONS FOR SPECIAL NEEDS (select all that apply): TDD ASL wheelchair access

VOLUNTEER OPPORTUNITIES (select one): No Yes

ACCEPTS DONATIONS (select one): No Yes

To the best of my knowledge, this information is accurate as provided. By signing this form, I acknowledge that I have read the introduction page and agree to the terms as stated therein.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_