

DuPage County CommunityPoint Resource Data Survey

Agency Name (full legal name):

Other names that the organization may be known as (e.g. acronyms and short forms):

Address:

Main Administrative Telephone Number:

Specific Services/Intake/Emergency Number:

Toll-free Number:

Fax Number:

TTY/TDD Number:

Web Site:

E-mail

Other Social Media Address:

Office Hours and Days

Name of the Executive Director or Equivalent:

Title:

Contact Person (if different from above):

Title:

Organization Type

Brief Organizational Description (1-3 Sentence Overview):

Cities Served:

Languages, other than English, that are consistently available for the public:

Program/Service Information

Complete a separate entry for every primary program/service that you operate.

Primary Service:

Location/Site at which the service/program is available:

Describe the service/program:

Population targeted for this service/program (Select all that apply):

Not applicable	Seniors/Older Adults	Veterans
Children	Families	Homeless
Low-Income	Disabled	
Other		

Office Hours:

Eligibility Criteria:

Intake/Application Procedure (Select all that apply):

Call for assistance	Call or walk-in for assistance
Walk-in for assistance	Appointment preferred
Appointment required	Professional referral required
Other	

Documentation Required (Select all that apply):

- | | |
|---------------------------|-------------------------------------|
| No documentation required | No documentation initially required |
| Picture ID | Two forms of picture ID |
| Proof of address | Proof of income |
| Proof of age | Social Security Card |
| Written Referral | |
| Other | |

Fees/Payment (Select all that apply):

- | | |
|---------------------------------|----------------------------------|
| No fees | Sliding Scale |
| Donations requested | Scholarships/Subsidies available |
| Medicare | Medicaid |
| Private Insurance | Private Payment |
| Government or Agency assistance | |
| Other | |

Form of Payment (Select all that apply):

- Not Applicable
- Cash
- Check
- Credit Card
- Debit Card
- Other

Survey Completed By:

Title:

Date Completed:

Once completed, submit the form for review. A Resource Specialist will contact you with additional information within the next few business days.

Questions or comments can be submitted to, CommunityPoint@dupageco.org.

Thank you!