

Agency Verification Form



TEXAS
Health and Human
Services



West Central Texas Area Information Center

I understand that 2-1-1 Texas A Call for Help will contact us annually about the inclusion of the enclosed information in the 2-1-1 Texas database and will refer callers to us based on the information provided by our agency. I further understand that this information may be made available through electronic/printed materials and Internet access.

Check one:

- THE INFORMATION IS CORRECT. NO CHANGES ARE NECESSARY.**
- I will complete this form that states we do not need any changes made to our records.
 - I will return this form to 2-1-1 Texas A Call for Help to notify their office that the present information is correct.
- THE INFORMATION IS INCORRECT. THERE ARE CHANGES TO BE MADE.**
- Based on our Agency/Program information listed on www.acallforhelp.info, I have made changes on the profile printout or I have included the needed changes in the email response to 2-1-1 Texas A Call for Help.
 - I will return the completed printout with changes and/or additions along with this completed Verification Form to the 2-1-1 Texas A Call for Help office.

AGENCY NAME _____

PROGRAM/SERVICE NAME _____

PERSON PROVIDING INFORMATION _____

TITLE/POSITION _____

EMAIL _____

PHONE _____ DATE _____

DEADLINE – Return all requested information by **Wednesday, February 14, 2018** to:

2-1-1 Texas A Call for Help
PO Box 82 • Abilene, TX 79604

325.676.7084 (fax)
josh@unitedwayabilene.org

325.676.7065 x 3