|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **211 British Columbia Services Society**  *“Looking for community, social or government services? Simply dial: 2-1-1.”*  **Resource Profile Sheet – 211 Yukon** | | | | | | | ***Return to:*** Resources & Publications Department  Email: updates@bc211.ca      ***Sent by:***  Name: ...................................  Fax: ....................................  Phone: ................................. | | |
| **Program name** |  | | | | | | | | |
| **Agency name** |  | | | | | | | | |
| **AKA** (*also known as*) |  | | | | | | | | |
| **Street address** |  | | | | | **Confidential?** Y/N | | | |
| **Mailing address** *(if different from above)* | | | | | | **Confidential?** Y/N | | | |
| **Telephone** | | | | **Fax** | | | | | |
| Email |  | | | | | | | | |
| Website |  | | | | | | | | |
| **Facebook** | | | | **Twitter** @ | | | | | |
| **Description of program** |  | | | | | | | | |
| **Legal status of agency**  *(mark all that apply)* | Not-for-profit:Registered society#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Registered charity #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | Government:MunicipalFederalProvincialRegional | | | | ***Other (specify):***  For-profit  Self-help group |
| **Funding sources for program** |  | | | | | | | | |
| **Program hours** |  | | | | | | | | |
| **Business hours** |  | | | | | | | | |
| **Geographic restrictions**  *(list specific cities/towns)* |  | | | | | | | | |
| **Application/referral process** |  | | | | | | | | |
| **Client eligibility** |  | | | | | | | | |
| **Cost to client** |  | | | | | | | | |
| **Accessibility for people with disabilities** |  | | | | | | | | |
| **Languages service is offered in** *(other than English)* |  | | | | | | | | |
| **Interpretation/translation services** |  | | | | | | | | |
| **Capacity** *(number of beds or other limiting factors)* |  | | | | | | | | |
| **Waiting list** |  | | | | | | | | |
| **How long program/agency been in existence** *(month/year)* | | |  | | | | | | |
| **Licensing/accreditation** | |  | | | | | | | |
| **Additional information** | |  | | | | | | | |
| **Person completing this form** *(name, title, and phone number)* | |  | | | | | | | |
| **Signature** | | | | | | | | **Date** | |

## See [www.bc211.ca](http://www.bc211.ca) for more information about bc211.