



FORM A | ORGANIZATION PROFILE

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SHEET 1 • FRONT | Identity, description, and contact information | Complete once per organization

1 Organization identity

Public / display organization name *

Legal organization name (if different)

Other names / DBA

Year established

Executive director / public leadership

Organization type or nonprofit status *

☐ Nonprofit

☐ Faith-based

☐ Informal / community group

☐ Government

☐ Business

☐ Other: _____

Short public description: who you serve and what you do (2-4 sentences) *

Mission statement / purpose (optional if covered by description)

2 Public directory contact

For public listing, provide at least one contact method: phone or email.

Public agency phone

Public agency email

Public website / URL

Public contact name / title (if appropriate)

Preferred public contact: ☐ Phone

☐ Website

☐ Contact before visiting

☐ Email

☐ Walk-ins welcome

3 Authorized profile contact • INTERNAL ONLY

For corrections, confirmations and annual verification. Not automatically shown to the public.

Contact name *

Title / role *

Contact email *

Direct telephone / best contact method



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SHEET 1 • BACK | What the organization provides, where, and for whom

4 Services offered

Primary service categories * (select all that apply)

- | | | |
|---|---|---|
| ☐ Emergency shelter | ☐ Street outreach | ☐ Legal / documents |
| ☐ Housing placement | ☐ Healthcare | ☐ Utility assistance |
| ☐ Rental assistance / prevention | ☐ Behavioral health | ☐ Case management |
| ☐ Food / meals | ☐ Transportation | ☐ Warming / cooling |
| ☐ Hygiene / laundry | ☐ Employment / education | ☐ Other: _____ |

5 Geographic service coverage

Counties served *

- ☐ Jasper ☐ Newton ☐ Barton ☐ McDonald ☐ Other: _____

Cities, ZIP codes or other geographic service boundaries *

6 Populations and eligibility

Populations / household types served * (e.g., adults, youth, families, veterans)

Eligibility requirements, age limits and other restrictions *

Documentation typically requested

- | | | |
|-----------------------------------|---|---------------------------------------|
| ☐ None | ☐ Proof of address | ☐ Referral |
| ☐ Photo ID | ☐ Proof of income | ☐ Other: _____ |

Cost to recipient

- ☐ Free ☐ Sliding scale ☐ Fees may apply ☐ Varies by program



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SHEET 2 • FRONT | How someone gets help, service access, and location details

7 How people access services

Entry / contact method * (check all that apply)

- | | | |
|--------------------------------------|--|---|
| ☐ Walk-in | ☐ Outreach / mobile | ☐ Housing Connect / CE |
| ☐ Appointment | ☐ Referral only | ☐ Other: _____ |
| ☐ Phone | ☐ Direct contact | |
| ☐ Online | ☐ Agency referral | |

Public intake instructions: how to request help or be referred *

General office / service hours and planned closures *

8 Accessibility and accommodation information

Languages served / interpretation availability *

Accessibility, disability accommodations and limitations *

Transportation, parking and transit instructions

Service setting *

- ☐ Physical ☐ Mobile / outreach ☐ Virtual ☐ Multiple

9 Primary location / public service access point

How should this location appear in public resources? *

- ☐ Publish street address ☐ Contact first / no address ☐ Service area only / virtual

Primary location or site name

Public street address (if safe to share)



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SHEET 2 • BACK | Location details, optional profile enhancements, and approval

9 Primary location — continued

Public location telephone

Public location email

Location-specific hours / closures

Site accessibility, entrance, parking notes

Additional public locations: ☐ None ☐ Yes; record each site separately in the Coalition Workspace.

10 Optional public profile enhancements

Public mailing address (only if safe to publish)

Facebook / Instagram / other public social links

Donation page URL (https://)

Volunteer opportunity contact email — INTERNAL

Logo / profile / header image links (or note: attached)

Primary / secondary brand colors (optional)

Partnerships / accreditations / other public distinctions

11 Review and authorization

Directory publication request *

☐ Submit for public listing review

☐ Contact before publishing

☐ Internal resource inventory only

Information checked for accuracy: ☐ Yes ☐ Corrections or follow-up needed (note below)

Corrections / follow-up notes

Authorized representative / title *

Date verified *

Review frequency (optional)

Signature / typed approval *
