

CAN Application Checklist

Please submit the following with your participation application. Your application is not complete without each of these items and will not be processed until CAN receives them all.

- Participation Agreement- Please list the Agency's name on each page, along with the initials of the agency representative that is signing the agreement. Please also be sure there is a full signature, agency name, and date on page 5. Your application cannot be processed without this signature.
- Please complete the Resource Database Agency Profile Form. This form will be used to create your agency's profile in our resource database and designates your agency's Point of Contact.
- Please check this box if your agency would like access to the Resource Database only
- Please submit your agency's IRS exemption determination letter.
- What is your agency's tax ID number? _____
- Please submit the name and contact information from current CAN Participating Agencies with which yours is collaborating
 1. CAN Agency Name _____ Contact _____
Phone(_____)_____ e-mail_____
 2. CAN Agency Name _____ Contact _____
Phone(_____)_____ e-mail_____
- Long Term Recovery Committee Name and Contact _____
Phone(_____)_____ e-mail_____
- Operational FEMA VAL _____ Phone (_____)_____
- State or Local VOAD Name _____ Contact _____
Phone(_____)_____ e-mail_____

In order to be registered for CAN, all caseworkers must accomplish both steps of a 2-step process. They have to both register online, and send in their Caseworkers Confidentiality form. Without completing these 2 steps, Caseworkers will not get access to CAN. Their account will be activated within three (3) business days of agency approval.

- Caseworker Confidentiality agreement(s) for current case managers who you anticipate will be using CAN.
- Case managers have to register online at www.can.org.
- Case managers should take the CAN client registry training while awaiting agency approval. More information on the training can be obtained at www.can.org/training.htm.

Once CAN receives this documentation, we will verify your request by answering the following questions. This typically takes about a week. If CAN requires additional information, CAN will contact your designated Point of Contact.

COORDINATED ASSISTANCE NETWORK PARTICIPATION AGREEMENT

THIS AGREEMENT and the attached exhibits (collectively, the "Agreement") is entered into and made effective as of June 1, 2005 (the "Effective Date"), by the parties who have executed this Agreement below (each a "Participant" and a "Party" and collectively, the "Participants" or "Parties"). For purposes of this Agreement, each Participant other than the Red Cross may be referred to as a "Collaborating Participant" and collectively as the "Collaborating Participants").

WHEREAS, the Coordinated Assistance Network ("CAN") is an internet-based Affected Persons (as defined below) assistance database, resource database and knowledge sharing tool, maintained by The American National Red Cross ("Red Cross"), in consultation with the CAN Steering Committee, that allows Participants to share certain confidential information on Affected Persons in order to coordinate and streamline disaster relief assistance during and after a disaster ("Information").

WHEREAS, the Participants desire to provide assistance to individuals affected by natural or man-made disasters occurring during the Term (as defined below) (the "Affected Persons"), and in the course of providing such assistance, the Participants desire to collect and maintain certain Information disclosed to them by Affected Persons who are seeking assistance; and

WHEREAS, the Participants seek to coordinate their efforts by using CAN for the purpose of sharing Information for the specific purposes enumerated herein;

NOW, THEREFORE, in consideration of the mutual promises contained in this Agreement, the Parties agree as follows:

- 1. Scope of Agreement.** By executing this Agreement, each Participant acknowledges that it is entering into this Agreement in order to share Information for the sole purpose of coordinating disaster relief services. Each Participant understands and agrees that CAN is not intended to be a system of record but merely as a sharing mechanism in order to coordinate and streamline disaster relief assistance during and after a disaster.
- 2. Additional Participants.** Additional Participants may be invited by the Red Cross, after consulting with the CAN Steering Committee where appropriate, to execute this Agreement in order to contribute to and access CAN.
- 3. Role of Red Cross.** The Red Cross will provide the Collaborating Participants with access to CAN in order for Collaborating Participants to access Information. Red Cross will be responsible for all upgrades to CAN, maintaining CAN, and for removing a Collaborating Participant's Information from CAN upon termination of the Collaborating Participant from this Agreement. Red Cross will provide technical support for the import of Information into CAN.
- 4. Confidential Data.** All Information collected or accessed under this Agreement is considered Confidential Information. Each Participant agrees to comply with the Confidentiality Policy attached hereto as Exhibit A and to ensure that all of its caseworkers who have access to Information sign a Caseworker Confidentiality Agreement in substantially the same format as set forth in Exhibit B. Information can only be used specifically for the purposes set forth in this Agreement and may not be used for non-related activities, including but not limited to, generating donor or mailing lists.
- 5. Contribution to CAN.** Participants shall contribute Information to CAN in order to help coordinate efforts to assist the Affected Persons. Information will include demographic Information on the Affected Person, Participant specific case Information on the Affected Person and a description of services provided to the Affected Person by the Participant. In order to input Information into CAN, the Participant agrees to ensure that each of the Affected Persons executes a Release in substantially the form attached hereto as Exhibit C. The Participant is solely responsible for removing Information from CAN at the request of the Affected Persons.
- 6. Use of CAN.** Subject to the terms of this Agreement, including but not limited to the Confidentiality Policy, each Participant shall have the ability to modify demographic Information at the specific request of a the Affected Persons, but shall have read only access to specific case Information entered by other Participants and to other Participant's description of services provided to the Affected Persons by the Participant. Each Participant shall have the right to access the Information based upon the specific access granted, for the purpose of coordinating provision of services to the Affected Persons.
- 7. Ownership and License.**
 - 7.1 Ownership.** The Collaborating Participants acknowledge that CAN and all intellectual property relating either directly or indirectly to CAN, including but not limited to patents, design rights, copyrights, trademarks, service marks, database rights, trade secrets, know-how and all derivative works thereof (collectively, "Intellectual Property"), are either owned by or licensed to the Red Cross. The Collaborating Participants shall not in any manner attempt to obtain any right, title, or interest, by registration, patent, copyright or otherwise in or to such Intellectual Property or any derivative thereto, and shall not take any action that jeopardizes, limits or interferes with Red Cross' ownership of and/or right to use the Intellectual Property. As between the various Participants, each Participant for purposes of this Agreement shall be deemed to own all right, title and interest in the Information it contributes to CAN. Each Participant hereby licenses all other Participants access to that Participant's Information for the sole purpose of coordinating provision of services to the Affected Persons.

Agency Name _____ Agency Representative Initials _____

7.2. Right to Access and Use. Subject to this Agreement, each Collaborating Participant is hereby granted a limited, non-exclusive and non-transferable license to access and use CAN in the United States, including without limitation through the internet, solely for the purpose of sharing certain Information on Affected Persons in order to coordinate and streamline disaster relief assistance during and after a disaster in accordance with the instructions and limitations provided in this Agreement. Such Collaborating Participant shall (i) only access and use CAN in accordance with this Agreement; and (ii) maintain the strict confidentiality of CAN. Each Participant shall provide each of its caseworkers who is to have access to the Information with a unique user identification and password.

7.3. Restrictions on Access and Use. The Collaborating Participants SHALL NOT (i) cause, permit or authorize the decompilation, modification, disassembly or reverse engineering of CAN, or otherwise discover the services, software and/or technology of CAN, or create derivative works thereof; (ii) allow unauthorized third parties to view, access or use CAN; (iii) sell, assign, rent, transfer, distribute, act as a service bureau, sublicense or otherwise grant rights in CAN to any other person or entity; (iv) use, or allow the use of, CAN in contravention of any federal, state, local, foreign or other applicable laws, rules or regulations; or (v) introduce into CAN any virus or other code or routine intended to disrupt, delete, damage, or alter CAN.

7.4. No Modification. The Collaborating Participants shall not modify CAN. CAN may include functionality that allows a Collaborating Participant to input and save its data or other similar information as part of CAN. Inputting and saving a Collaborating Participant's internal business data or other similar information shall not constitute modification.

7.5. No Advice. Each Collaborating Participant acknowledges and agrees that neither the provision of nor its use of such software tools and information shall constitute advice. Each Collaborating Participant assumes full responsibility with respect to its decisions and transactions using CAN.

8. Term. With respect to each Participant, the term of this Agreement ("Term") shall begin on the date that such Participant executes this Agreement; and shall remain in effect until the earlier of the date (a) that such Participant terminates its participation under this Agreement; or (b) that there are no remaining Collaborating Participants, (c) that Red Cross discontinues management and or use of CAN; or (d) of close out of the long term recovery efforts under the disasters. Any provisions of this Agreement which by their nature extend beyond its termination, including but not limited to Sections 6,7 (with respect to ownership), 8, 10, 11, 12, 13, 14 and 17, remain in effect until fulfilled, and apply to respective successors and permitted assignees.

9. Termination.

9.1 Any Collaborating Participant may terminate its participation in this Agreement by providing thirty (30) days prior written notice to the Red Cross.

9.2 This Agreement shall be terminated with respect to any Collaborating Participant if it commits a material breach of this Agreement or is otherwise acting in a manner contrary to the interests of CAN or the Parties (a "Breach") and the Breach is not cured within ten (10) days written notice of such Breach by the Red Cross.

9.3 Notwithstanding the foregoing, a Collaborating Participant must cure a Breach of the Confidentiality Policy by immediately taking corrective measures to mitigate the effects of any such Breach and to ensure that such Breach will not be repeated. Such corrective measures shall be reported to the Red Cross, if any, within twenty-four (24) hours of their commencement and shall be communicated in sufficient detail to describe the adequacy and effectiveness of the corrective measures so taken. If acceptable corrective measures are not taken, the Collaborating Participant's participation in this Agreement will be immediately terminated.

9.4 The Red Cross, in its sole discretion, may terminate this Agreement at any time, without any liability to any Collaborating Participant, in the event of an extraordinary occurrence, such as a lack of funding, or loss or termination of license to operate CAN.

10. Effect of Termination.

10.1 Upon the termination of this Agreement with respect to any Collaborating Participant, (a) its access to CAN shall be discontinued as of the effective date of the termination, and (b) it shall make reasonable efforts to promptly return and/or destroy any copies, reports, summaries, or analyses of the Information of any other Participant and continue to maintain the confidentiality of all copies, reports, summaries, or analyses of the Information of any other Participant that are not returned or destroyed. The Collaborating Participant also shall destroy any passwords, security codes, software, documentation, or other materials used to facilitate their access to CAN.

10.2 Upon termination, the Red Cross will remove any terminated Collaborating Participant's Information from CAN.

11. Indemnification.

11.1 By the Red Cross. Red Cross agrees to indemnify, defend and hold the Collaborating Participants, their directors, officers, employees, agents or contractors (hereinafter the "Participant Indemnitees"), harmless from and against any claim, costs, liability and expense (including court costs and reasonable attorneys' fees) resulting from third party claims which the Participant Indemnitees may incur, suffer, become liable for, or which may be asserted or claimed against the Participant Indemnitees solely as a result and to the extent of the negligent acts, errors or omissions of Red Cross, its governors, directors, officers, employees, or agents as a result of or while performing its obligations hereunder and;

(2) Any breach or violation by Red Cross, its governors, directors, officers, employees or agents of any of the terms and provisions of this Agreement applicable to Red Cross or while performing its obligations hereunder. In no event shall this indemnification of the Participant Indemnitees by Red Cross apply to the extent such losses are caused by the negligence or willful misconduct of the Participant Indemnitees.

Agency Name _____ Agency Representative Initials _____

11.2 Limitation on Damages. In no event shall any Party be liable to another Party for inaccurate or incomplete data contained in CAN, nor shall Red Cross, its vendors, subcontractors or their officers, employees, or affiliates be liable to any Collaborating Participant for any damages, losses or injuries to Collaborating Participants, any other claim or theory of action whatsoever arising out of or related to this Agreement, including without limitation any obligations of the Red Cross under Section 11.1 above, that individually or collectively exceed \$25,000.

11.3 By Each Collaborating Participant. Each Collaborating Participant agrees to indemnify, defend and hold Red Cross, its governors, directors, officers, employees, volunteers, agents and contractors (hereinafter the "Red Cross Indemnitees") harmless from and against any claim, costs, fines, penalties, liability and expense (including court costs and reasonable attorneys' fees) (hereinafter "Liabilities") which the Red Cross Indemnitees may incur, suffer, become liable for, or which may be asserted or claimed against the Red Cross Indemnitees as a result of : (1) the acts, failure to act, errors or omissions of the Participant Indemnitees, resulting from (i) use by the Participant Indemnitees of CAN or (ii) the Participant Indemnitees' provision of Information; or (iii) the Participant Indemnitees' use of Information obtained from CAN; or (3) any breach or violation by the Participant Indemnitees of any of the terms and provisions of this Agreement or while performing their obligations hereunder. Each Collaborating Participant further agrees to indemnify, defend and hold harmless Red Cross, its governors, directors, officers, employees, volunteers, contractors and agents against any cost, liability, expense, allegation or claim for damages incurred by, or alleged against Red Cross arising in any manner from failure of the Participant Indemnitees to comply with any applicable state, federal or local regulation, law or rule in the Participant Indemnitees' use of CAN and provision and receipt of Information. In no event shall these indemnifications of the Red Cross Indemnitees by the Collaborating Participants apply to the extent such losses are caused by the negligence or willful misconduct of the Red Cross Indemnitees, nor shall any Collaborating Participant be responsible to the Red Cross Indemnitees for Liabilities caused by one or more other Collaborating Participants, except to the extent such Liabilities were contributed to by the indemnifying Participant.

12. Warranty.

12.1 Each Participant warrants, covenants and represents that it shall comply with all applicable laws rules and regulations, including but not limited to all privacy laws.

12.2 CAN and any related services are provided "as is" without any warranty, express, implied or otherwise, regarding the security of CAN, the availability of CAN, the accuracy, performance, or the functionality of CAN and any services provided therewith, or any other matter. Notwithstanding anything herein to the contrary, Red Cross hereby disclaims any warranty of fitness for a particular purpose, quality, merchantability, or noninfringement of third party rights.

12.3 None of the Participants warrants or represents the accuracy or completeness of the Information it provides, and, except with respect to claims for indemnification pursuant to Section 11, shall not be liable for any inaccuracies or incompleteness of such data.

13. Limitation of Liability. Under no circumstances shall Red Cross or its representatives be liable for special, indirect, incidental, or consequential damages, including loss of data, costs of re-creating lost data, loss of profits or business information or business interruption or other pecuniary loss, whether based on breach of contract, breach of warranty, lack of security, tort (including negligence but excluding intentional torts), product liability or otherwise, regardless of whether Red Cross or its representatives have been advised of the possibility of such damages.

14. Press Releases. Each Collaborating Participant shall use its best efforts to coordinate any press release or written public statement regarding CAN with the other Participants. Notwithstanding the foregoing, Collaborating Participants may not permit or generate any publicity, advertising or promotion concerning this Agreement or CAN without the prior written consent of the Red Cross after its consultation with the CAN Steering Committee, where appropriate. Each Participant recognizes that the name, emblem, logo and marks of the other Parties represent valuable assets and that substantial recognition and goodwill are associated with such assets. No Participant may use the name, emblem, logo, or marks of any other Party without prior written consent.

15. No Assignment. No Party may assign, or otherwise transfer, its rights or delegate its duties or obligations under this Agreement without the prior written consent of each of the other Parties. Any attempt to do so will be null and void.

16. Notices. Notices shall be provided in writing to the address specified by each Party on Exhibit D attached hereto, which may be modified from time to time. Notices may be delivered by hand, first-class mail, facsimile transmission, or overnight carrier and shall be deemed effective upon receipt.

17. Force Majeure. The Collaborating Participants understand that in the event of an event beyond the control of the Red Cross, including but not limited to, natural or manmade disasters, act of God, war, terrorist event, strike, riot, civil unrest, or any order, regulation, citation, injunction or other action taken or issued by any judicial or regulatory body from any court, government, or agency, Red Cross may not be able to perform its obligations under this Agreement and that CAN may not be accessible or its data up-to-date due to reasons beyond the control and without the fault of Red Cross. As such, Red Cross will be excused, without penalty, from any delay in performance or from failure to perform in accordance with this Agreement, to the extent that such delay or failure results from causes beyond the reasonable control and without fault or negligence of Red Cross.

18. Relationships of the Parties. Red Cross is furnishing the services hereunder as an independent contractor and nothing herein will create any association, partnership or joint venture between the Parties hereto or any employer-employee relationship. No Party may act for or on behalf of or in the name of any other Party.

Agency Name _____ Agency Representative Initials _____

Exhibit A
Confidentiality Policy

1. Definition. "Confidential Data" shall mean certain personal information disclosed to the Participants by the Affected Persons seeking assistance, and contributed by the Participants to CAN, or created in aggregate from CAN. Confidential Data shall also include any other confidential data, including without limitation all technical information related to CAN, the terms and conditions of this Agreement, financial information, know-how and technology or other information about a Party's organizational or operational procedures, which the disclosing Participant identifies as confidential at the time of disclosure or at a reasonable point thereafter. The Parties agree that for purposes of this Confidentiality Policy, "Participants" means all Participants and their employees, volunteers, affiliates, subsidiaries, agents and related foundations.

2. Use. The Parties shall maintain the confidentiality of all Confidential Data in the same manner that they protect their own confidential information of similar nature, but in any event, shall apply no less than a reasonable degree of care. The Parties shall use Confidential Data solely for the purpose of coordinating the provision of relief services to Affected Persons. Parties shall not disclose, publish, reproduce in any form or otherwise disseminate the Confidential Data to any third party, other than to another Participant or the Red Cross if authorized in writing and other than as expressly authorized in writing or by electronic mail by the providing Participant, by the Affected Persons or by their legal representative, or as required by law. All other uses and disclosures of the Confidential Data are prohibited.

3. Internal Access. The Parties shall restrict internal access to the Confidential Data to their respective caseworkers on a need-to-know-basis and shall require such caseworkers to be bound by the confidentiality provisions of this Agreement and execute the Caseworker Confidentiality Agreement attached as Attachment B.

4. Legal Disclosures. The Parties agree that upon receipt by any Party of any request, subpoena, or other legal obligation to produce any Confidential Data (the "Receiving Party"), if a portion of such Confidential Data was contributed to CAN by another Party, the Receiving Party shall promptly notify the Steering Committee of such Confidential Data. The Parties will cooperate with all other Parties to limit the scope of the request, subpoena, or other legal obligation. The Parties may, in their discretion, collectively or individually, take appropriate legal or other action to oppose such disclosure. Confidential Data which is required to be disclosed by law, including court order or government issued subpoena, may be disclosed by the Receiving Party for that purpose regardless of which Party may have contributed it to CAN, but does not otherwise cease to be treated as Confidential Data.

5. Limitations. The Parties' obligations of confidentiality and any restrictions on use set forth herein will not apply to any data that: (a) was already in a Party's possession without any obligation for confidentiality;(b) was properly obtained from a source other than CAN without any obligation of confidentiality; (c) was disclosed to another entity by a Party without obligation of confidentiality; or (d) became publicly available when received or later becomes publicly available, provided that the information that may be disclosed is limited to what was obtained through the public source and does not contain any other Confidential Data provided by Parties, and provided further that this subsection (d) is subject to written confirmation by the disclosing Party that the data is no longer confidential.

Agency Name _____ Agency Representative Initials _____

Exhibit B
CAN User Confidentiality Agreement

I understand that in the course of working at _____ I may have access to
Agency Name
personal information regarding individuals seeking or receiving services as a result of a disaster. I also
understand that in the course of working at _____ I may become privy to
Agency Name
information pertaining to individuals who are missing, who lost their lives or were injured as a result of
a disaster.

I agree that I shall not disclose to anyone, including co-workers or volunteers, for any purpose not
related to assistance, any such information without permission from _____
Agency Name
and the respective individual's prior written permission, or as may otherwise be required by law.

I also agree to comply with _____ policy that all contacts with the media
Agency Name
must be referred to _____. I will not make any
specified management or officers of agency
disclosures to the media on behalf of _____ or governmental agencies unless
Agency Name
specifically asked to do so by _____.
specified management or officers of agency

CAN User Signature	Date
CAN User Printed Name	Agency Name
CAN Username from Online Registration	Agency CAN ID (If Known)
CAN User Address	Agency CAN Point of Contact
CAN User City, State, Zip Code	Agency Point of Contact Phone
CAN User Email Address	Agency Point of Contact Email
	Agency Point of Contact Signature

Exhibit C
CONSENT TO THE RELEASE OF CONFIDENTIAL INFORMATION

NAME OF ORGANIZATION COLLECTING INFORMATION
INSTRUCTIONS

Signing and returning this form authorizes _____ to
Name of Organization collecting Information
share certain personal information collected about you or your family with other disaster relief and voluntary organizations participating in the Coordinated Assistance Network. _____

Name of Organization collecting Information
needs to share this information in order to coordinate available disaster relief services and assistance, and to reduce the paperwork and applications necessary in order for you or your family to receive disaster relief assistance and services from multiple relief organizations. All disaster relief organizations participating in the Coordinated Assistance Network are committed to respecting your privacy and using the information solely for the purpose of coordinating and providing disaster relief assistance.

With the exception of certain limited circumstances, it is the policy of _____,
Name of Organization collecting Information
not to release information about individual or family disaster relief assistance, or other personal information obtained through the provision of disaster relief services, without the written consent of the individual or family. Therefore, we need your written consent to share this information to and assist you or your family with obtaining the disaster relief services in the most expeditious and least cumbersome manner.

CONSENT AND RELEASE

I, _____, hereby authorize the _____
Client name Name of Organization collecting Information

to share any of my information in its possession, including _____, such as but not limited to my name, address, other personal information and the type of assistance I am receiving as a result of the following disaster:

_____,
Disaster Relief Operation Name
in the Coordinated Assistance Network in order to coordinate available disaster relief services and assistance.

If you wish to limit this release to specific information, please specify the information that may be released.

I understand that I may revoke this consent at anytime by contacting _____ except
Organization Contact
when action has already been taken to obtain and/or release such information to organizations participating in the Coordinated Assistance Network

My signature on this release indicates that I have read the above, or had it read to me, and that I understand the terms and conditions. I have also had the opportunity to ask any questions. I am also signing this release on behalf of my children that are under the age of eighteen (18).

Signature Head of Household

Signature Spouse

Identification

Date

Identification

Date

Exhibit D
Notice Addresses of Participants

American National Red Cross/CAN

Address: 2025 E Street, NW
City, State Zip: Washington, DC 20006
Attention: Robert Leopold
E-mail: bob@can.org

American Red Cross Chapter (if applicable)

Chapter Name: _____
Address: _____
City, State Zip _____
Attention: _____
E-mail: _____

Agency

Chapter Name: _____
Address: _____
City, State Zip _____
Attention: _____
E-mail: _____

Agency Point of Contact and Resource Database Profile Form

To ensure that your agency's information is posted as accurately as possible in the resource directory and to designate the Point of Contact, please complete/update the information below. *Please note that any highlighted field marked with an asterisk (*) is **required** and must be completed.*

This form can be e-mailed to support@can.org or printed and faxed to (866) 275-6617. If you need assistance completing this agency profile, please e-mail support@can.org.

Agency Name * _____ Agency ID (if known) _____

Agency Type * Non-Profit Government Private Other _____

Agency Scope * Local Regional National

Languages Spoken * _____ Have 501(c)3 Status Yes No Pending

Location * _____ County _____

Physical Address Line 1 * _____ Physical Address Line 2 _____

City* _____ State* _____ Physical ZIP * _____

Main Phone * _____ Fax * _____

TDD _____ Hot Line _____

Agency E-mail _____ Web Address _____

Hours of Operation * _____ Public Transportation _____

Physical Territory _____ Geographic Area Served * _____

Intake Process _____ Intake Procedure _____

Facility/ADA Accessibility _____

Agency Point of Contact (POC) 1 Name * _____ POC E-mail * _____

Location _____ POC Phone _____ Ext _____

POC 2 Name * _____ POC E-mail _____

POC Location _____ POC Phone _____ Ext _____

Resource Contact Name *Note: this access requires additional training* * _____

Resource Contact E-mail * _____ Resource Contact Phone _____

Agency participates in a Long Term Recovery Committee /Unmet Needs Table. Yes No Pending

Date * _____ Agency Representative Initials _____

Agency Profile Field Definitions

- Agency Name** - Name of Agency/Organization. CAN preferred format: Agency Name - Location. Example: American Red Cross - Jackson
- Agency ID** - This is the CAN auto-assigned ID number for your agency. Enter your ID number if known, otherwise leave blank.
- Agency Type** - Please pick the type that most closely matches the Agency's organizational structure.
- Agency Scope** - Please indicate the scope of area covered by this agreement. Local agencies are contained within one state. Regional agencies cover more than one state. National agencies cover the entire United States (CAN recommends a POC be designated for each local site of a National agency that will be using CAN).
- Languages Spoken** - List of languages spoken by staff. Examples: English; or English, Spanish, French, Vietnamese
- Have 501(c)3 Status** - Does your agency have tax-exempt 501(c)3 status
- Location** - The State where the Agency's administrative offices are located.
- County** - County where Administrative Offices are located.
- Physical Address Line 1** - Street Address of Administrative Offices.
- Physical Address Line 2** - Use if needed to further define physical address.
- City** - City where Administrative Offices are located.
- State** - State where Administrative Offices are located.
- Physical ZIP** - Administrative Office five-digit ZIP Code
- Phone/Fax Number Fields** - Ten-digit phone numbers if available.
- Agency E-mail** - General delivery Agency E-mail, Example: info@can.org
- Agency Web Address** - address after "http://" only Example: can.org or www.can.org
- Hours of Operation** - Hours of Operation for Agency Administrative Offices. Preferred Format: Days of the week, Hours of the Day. Example: M - F , 8 - 5; S - S, 8a - 8a or 24/7
- Public Transportation** - Description of the nearest Public Transit Stop(s) to the Agency Site. Example: Bus #23, Edgewater Mall Stop
- Geographic Area** - Physical area served by Agency. This is a searchable field. Consider including Counties, Cities, States, or regions served.
- Physical Territory** - Physical landmarks at or near the physical location of the Agency. Used to direct client to the location. Example: Corner 8th Ave and Main St., or across the street S of the main post office.
- Intake Process** - Agency's Client Intake process. Examples: Call for an appointment, Referral Only, Walk-ins accepted.
- Intake Procedure** - information/ documentation client must possess/bring to apply for services. Example: Picture ID, proof of residence.
- Facility/ADA Accessibility** - Detail building accessibility status. Example: ADA Compliant, Wheelchair Accessible, Call for details - some parts of the building are non-compliant.
- Agency Point of Contact 1 & 2** - Point of Contact Name. This would be the person a case manager would contact to learn more about the agency's services.
- POC Phone** - POC's ten-digit phone number and extension if applicable. Example: 555-555-5656, ext. 123
- POC E-mail** - POC's E-mail address. Please confirm before submitting information to CAN.
- POC Location** - The State where the Agency's Point of Contact is located.
- Resource Contact Name** - Name of person responsible for updating this Agency's profiles. May or may not be Agency Staff person. Should take Resource Database Training found at www.can.org/training.htm.
- Resource Contact Phone** - Ten-digit phone number
- Resource Contact E-mail** - Update contact's E-mail address. Please confirm before submitting information to CAN.
- Date** - Date this form was completed.
- Agency Representative Initials** - Initials of individual who completed application packet.