**2-1-1 Arizona Transportation Hotline**

Last Mile Delivery Program with United Way and DoorDash

**Follow-Up Form**

**Facility Information:**

|  |  |
| --- | --- |
| Facility name: | Click or tap here to enter text. |
| Phone number for DoorDashers to call: | Click or tap here to enter text. |
| Website: | Click or tap here to enter text. |
| Anticipated weekly need (if known): | Click or tap here to enter text. |
| DoorDash pick up location description and instructions: | Click or tap here to enter text. |

**Facility Primary Classification:**

*Please check only one.*

|  |  |
| --- | --- |
| Food Bank/Pantry |[ ]  Non-Profit Agency |[ ]
| School |[ ]  Place of Worship |[ ]
| Grocery Store |[ ]  Government Agency |[ ]
| Pet Supply Store |[ ]  Restaurant |[ ]
| Pet Food Pantry |[ ]

**Items this facility would like to deliver to clients:**

*Please check all that apply.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Food Boxes or Bags | SchoolSupplies | EmergencyPrep. Supplies | Pet Food and Supplies | Baby Supplies | Senior Supplies |
|[ ] [ ] [ ] [ ] [ ] [ ]
| Clothing and/or Household Goods | Hygiene Items | Mental Health Kits or Supplies | Seasonal orHoliday Items | Prepared Hot Meals | Gift Cards for Essential Supplies |
|[ ] [ ] [ ] [ ] [ ] [ ]

**Client Demographic Information:**

*Please check all that apply for the population(s) that the facility is intended to serve.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Active Military/ Veterans | Formerly Incarcerated | LGBTQ+ | People with Disabilities | Pet/Service Animal Owners |
|[ ] [ ] [ ] [ ] [ ]
| Pregnant Women | Seniors 55+ | People experiencing chronic health issues | People experiencing homelessness | Youth |
|[ ] [ ] [ ] [ ] [ ]

**Percent (%) of Clients Who Are:**

*Please describe, if possible, the demographics of the people served at your facility using the table below. If not tracked or unknown, we are able to utilize demographic information from local city, state, and national statistics. If there is some demographic information, please fill out what is available, and the remainder will be gathered from the local city, state, and national statistics.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Seniors | Youth | Veterans | Identifies as Female | Identifies as Male | Identifies as Transgender | Identifies as Non-Binary |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Hispanic or Latino | American Indian or Alaskan Native | Asian | Black or African American | Native Hawaiian or Other Pacific Islander | White | Pet Owners |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Is your organization willing to support national communications and/or publicity requests from United Way Worldwide?**

|  |  |
| --- | --- |
| **Yes** |[ ]  **No** |[ ]

**This completes the registration process.**

This form is used for registration with United Way Worldwide for the Last Mile Delivery Program.

Please call the 2-1-1 Transportation Department with any questions at 1-855-345-6432 or contact Joe Hicks directly at 602-541-9190.