



Type	
Date call entered in DB	
Staff who entered in DB	

Help Line Intake Information

Organization Name _____
 Program Name _____
 Contact Person _____
 Title _____
 Executive Director _____
 Address 1 _____
 Address 2 _____
 City, State Zip _____
 County _____
 Phone Number _____ Fax Number _____
 E-mail Address _____ Web Site _____

What is the best way to contact you? ___ Telephone ___ Fax ___ E-mail

Is the organization tax exempt under IRS code 501(c)3? ___ Yes ___ No

Year Incorporated _____ Organizational Annual Budget _____
 Staff Size (*full-time equivalent*) _____ # of Regular Volunteers _____

Question or need. (*This box will expand as you type.*)

How did you hear about this program or service? Please mark only one response					
<input type="checkbox"/>	IYI Weekly Update	<input type="checkbox"/>	Media: Newspaper Radio, or TV	<input type="checkbox"/>	IYI Web site
<input type="checkbox"/>	Friend or Co-Worker	<input type="checkbox"/>	IYI Training, Presentation, or Exhibit	<input type="checkbox"/>	Other Website, list serve, newsletter
<input type="checkbox"/>	IYI Staff or Consultant	<input type="checkbox"/>	Brochure from IYI	<input type="checkbox"/>	Other: _____

Call Type- Internal Use Only

Prospect Research _____ Proposal Review _____ Legal _____ Youth Development _____ Other _____

Date of Intake:	
Assigned To:	
Date/How info sent:	