



CAS 2.0 Resource Directory Update Request (optional form)

Name of Organization:

Program Name: Choose from the Disaster Categories

***Service Name:** is equal to the program name – organization name

This is an:

Addition

Deletion

Modification

ARC Community Partner Lead:

Date:

Complete the form on the other side of this sheet before entering the data below.

Service Description - What, When, Where, & Eligibility:

Service Description as it will appear in the CAS Referral Search results (When the box is full, there are approximately 250 characters). Use commas to separate the statements, and a period (full stop) should mark the end of the description.

* The Service Name will appear as: Disaster Category and the Name of the Agency separated by a hyphen, in the CAS Referral Search results. For example: **Food – Cave Spring Food Pantry** and **Clothing, Free Clothing – Cave Spring Food Pantry**. There are two different services so each type of service requires a separate entry into the CAS Resource System.

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Data entered into CAS - Name & date:

Complete each data field before entering the data on the other side*.

<p><u>General Service Info:</u></p> <ul style="list-style-type: none"> • What type of service does the organization provide that would support a client recovering from a disaster? • Is the organization willing to offer any extra services to accommodate a disaster client? 	<p>What:</p>
<p><u>General Availability Info:</u></p> <ul style="list-style-type: none"> • Does this service generally have availability? • Maximum number of clients that could be served? 	
<p><u>Eligibility Requirements:</u></p> <ul style="list-style-type: none"> • What does the client need to do or bring to get assistance? • Is a Red Cross referral form required? 	<p>Eligibility:</p>
<p><u>Referral timeline:</u></p> <ul style="list-style-type: none"> • What is the general timeline for clients receiving this service once a referral is made? 	
<p><u>Counties or Zip Codes Served (for Keywords):</u></p>	
<p><u>Days/Hours of Operation</u></p>	<p>When:</p>
<p><u>Website:</u></p>	
<p><u>Physical Address of Service Site:</u></p>	<p>Where:</p>
<p><u>Name of Contact:</u></p>	
<p><u>Contact's Phone:</u></p>	
<p><u>Chapter Code (for the Alias):</u></p>	



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Describe the Service in less 250 characters (including spaces) for easy searching. This must include What, When, Where, and the eligibility requirements.

If the Referral Search result shows a Service Description that is cut off, then the caseworker will have to click on the link in the Service Name column for the rest of the information to give the client.

* Tip: Copy the Service Description text from the entries above, and then paste it into Word or a text editor such as Notepad. There you can edit the information and also drop the formatting. Then copy and paste into this document's Service Description box. It has to fit here!