



Partner Registration Form Instructions

What is a Partner Registration Form (PRF)?

A Partner Registration Form collects organization information that the network uses to integrate different partners into Unite Us.

Why Complete a PRF?

Having a thoroughly completed Partner Registration Form is important for several reasons. The information that you provide in this form is transferred to Unite Us and aids other partners in the network to correctly route referrals, which helps clients get the assistance they need faster and with greater accuracy. This form also details any unique eligibility criteria available for any of the programs the organization offers, for example: Does your program specifically help older adults? Do you offer free transportation for clients that are enrolled in your program? Must clients reside in a specific county to receive services? In addition, the Partner Registration Form includes details on which staff from the organization will be using the network, as well as what they will be using it for (i.e. sending referrals, receiving referrals, or both).

Information about the organization's programs, eligibility information, and services offered will be visible to other partners to view so that they may learn about potential services and programs available for their clients within the network.

How to Complete a PRF

The PRF process is divided into four sections: Organization Profile, Programs, Staff Members, and Additional Information. Please note that at any time you can save your form to come back to it later. Follow the steps below to learn how to complete a PRF.

NOTE: You can save your progress at any time by clicking the Save button and choosing to send the form link to your email. You can use this link to return to the saved form if you need to go back to edit it later.

Your progress has been saved.

Copy your form link:

This is where your link will go.

Email me my link:

Your_email_here@company.com

Send

Step 1: Organization Profile

The first step is to complete the Organization Profile section. This is incredibly important because this information will be the face of the organization in Unite Us.

In this section, you will be asked to complete the following fields:

Organization Name

In this field, you will put the organization name. This name is what other partners in the network will see.

Organization Name *

San Antonio Food Pantry

About Us

This is where you can tell other partners about the organization's mission and the services it provides.

About Us *

The San Antonio Food Pantry provides food to people of the city of San Antonio who are in need. Families and individuals who are eligible will be able to receive food biweekly. We also provide meal packages for the holidays (i.e. Thanksgiving, Christmas, Easter). Proof of address in the city of San Antonio is needed to be eligible for the pantry.

Organization Main Address

For these fields, you will put the organization's main address.

NOTE: You can add additional locations at the bottom of the form page for Step 1.

Organization Main Address *

123 Main Street

Floor 1

San Antonio

Texas



78204

Organization Website

Put the organization's website here to increase engagement and communication with other network partners. If the organization does not have a website, put in a placeholder URL, e.g. www.none.com, to submit the form.

Organization Website

http://www.sanantoniopantry.org

Organization Contact Info

List the organization's main contact information so that other partners can get in contact with you.

NOTE: This information may be shared with clients by other partners.

Main Phone *

(123) 456-7890

General Email

info@SApantry.org

Main Fax

(987) 654-3210

Hours of Operation

In this field, you will enter the days and hours of operation for the organization's main office only. Other offices and program days and hours will be filled in later in the form.

Hours of Operation *

Monday: CLOSED
Tuesday through Friday: 8am - 8pm
Saturday & Sunday: 7am - 9pm

Additional Required Questions

Choose the state and network in which the organization is participating in.

In which state in the United States will your organization send and receive referrals? *

Texas

Please select the primary network you wish to join *

TXServes - San Antonio

Name the person who provided you with the form link. Please list their first and last name. If possible, list their title.

Who provided you with the link to this Partner Registration Form? *

Lise Harshad, Coordination Center Director

Add any additional office locations for the organization here. If you are unsure about which locations to add, you can always discuss it with your Unite Us Account Manager.

Does your organization have additional locations that will be providing services within the network? *

Yes No

Would you like for your organization to be split into multiple organizations to reflect your various physical locations? *

Yes No

I'd like to discuss with my Unite Us Account Manager!

If you select No, you can proceed to Step 2 by clicking the Next Button.

Step 2: Programs

The second step is to complete the *Programs* section where you will list all of the organization's programs that will participate in the network. You will also be asked to assign staff members to each program for whom you will later provide detailed information. So, begin to think about how you'd like to organize both programs and staff at the organization in Unite Us. In this section you will be asked to complete the following questions:

Referrals

The organization may choose to only send referrals and not receive them. If you have discussed this with your Unite Us Account Manager and this applies to the organization, select No in response to the question below and X out of the 'Program 1' box below to move forward with the registration form.

Will your organization be receiving referrals through the network?

- Yes
- No, we will just be sending referrals at this time

Program Name

List the name of a program that the organization provides. You will have the opportunity to list as many programs as you want to include in the organization's profile, so please be sure to list each program

separately to assist partner organizations in correctly routing referrals.

Program Name *

Emergency Food Program

Program Description

Provide a brief description, context to the structure of the program, and any other pertinent information that should be readily visible to partners.

Please provide a brief overview of this program:

*

The purpose of the emergency food program is to prevent food insecurity for low to moderate income households. This program prides itself in providing participants a full range of food options for them to choose culturally appropriate and nutritionally balanced food packages. Typically, these packages last at least two weeks (family size is taken into account). Additionally, we provide services to help participants enroll in SNAP/WIC/Other Nutrition Benefit programs.

Program Office Location

List the organization's office locations (from Step 1) that offer this program and the counties/cities the program serves.

Which office locations offer this program? *

San Antonio

Which counties/cities does this program serve? *

Bexar County

Program Days and Hours of Operation

This field is specifically for the days and hours of operation for the related program.

Days and Hours of Operation

Tuesday through Saturday: 9am - 6pm
Sunday & Monday: CLOSED

Payment

Check the payment methods that apply to this program.

What form(s) of payment does your program require in order for clients to receive services? *

- Free
- Insurance
- Self-pay
- Sliding Scale

Check all that apply.

Accessibility

Check the accessibility options the program offers.

What accessibility options are available for this program?

- ADA accessible
- Blind accommodation
- Deaf and hard of hearing accommodations
- Interpretation/translation services available

Check all that apply.

Transportation

If the organization provides transportation assistance for this program, specify the type in the textbox.

Is transportation available for clients enrolled in or applying for this program? *

- Yes
- No

Please describe transportation services provided by your organization: *

Public transit tickets

Program Delivery Methods

Check the delivery methods for this program.

What is the primary way in which this program's services are delivered? *

- In home
- In office
- Web based
- Phone based

Check all that apply.

Supported Languages

If the program supports other languages besides English, list them in the text box.

Are any languages other than English supported by and/or spoken at the program? *

Yes No

Please list additional languages offered: *

Spanish, Vietnamese, Chinese, Hindi, Tagalog

Do clients have to reside in a certain geographic area to be eligible for this program? *

Yes No

If there are residency requirements, please describe: *

Must live in Bexar County

Service Types

Based on the program description you provided, check all of the service types that this program should *receive* referrals for. Only check service types that are readily provided at the organization - not those services for which you *send* referrals for. If you are unsure of what services to select, you can reference the Unite Us Service Types Glossary or consult with your Account Manager. Remember, you can also add more than one program!

What services does this program directly provide clients with, that your organization should receive referrals for? *

- | | |
|--|---|
| <input type="checkbox"/> Benefits Navigation | <input type="checkbox"/> Clothing & Household Goods |
| <input type="checkbox"/> Education | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Entrepreneurship | <input checked="" type="checkbox"/> Food Assistance |
| <input type="checkbox"/> Housing & Shelter | <input type="checkbox"/> Income Support |
| <input type="checkbox"/> Individual & Family Support | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Money Management | <input type="checkbox"/> Mental/Behavioral Health |
| <input type="checkbox"/> Social Enrichment | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Sports & Recreation | <input type="checkbox"/> Spiritual Enrichment |
| <input checked="" type="checkbox"/> Transportation | <input type="checkbox"/> Substance Use |
| <input type="checkbox"/> Wellness | <input type="checkbox"/> Utilities |

Program Eligibility Requirements:

Location

If the program is only available to people in a certain geographic area, please specify.

Income

If the program serves people within a certain income range, please specify.

Are there any income requirements in order to be eligible for this program? *

Yes No

If there are income requirements, please describe: *

Overall household income must be at or below 185% FPL, no criteria when in an emergency.

Citizenship

If the program has citizenship or immigration status requirements, please specify.

Is U.S. citizenship or a particular immigration status required to be eligible for the program? *

Yes No

If there citizenship or immigration requirements, please describe: *

Must be a U.S. citizen or legal resident

Work

If the program has work requirements, select Yes.

Does this program require the client to be able to work? *

Yes No

Disability

If the program has disability requirements, please specify.

Is a disability required to be eligible for this program? *	If there is a disability requirement, please describe: *
<input checked="" type="radio"/> Yes <input type="radio"/> No	<div style="border: 1px solid #ccc; padding: 5px;">Must have documented disabilities in order to receive pantry residence food deliveries.</div>

Age

If the program has age requirements, please specify.

Is there an age requirement to be eligible for this program? *	If there is an age requirement, please describe: *
<input checked="" type="radio"/> Yes <input type="radio"/> No	<div style="border: 1px solid #ccc; padding: 5px;">Must be 16 years old or older</div>

Household Eligibility

If the program only serves certain household members, select all that apply.

Are additional family or household members eligible for this program? *

- Spouse
- Dependent
- Any Household Members
- None
- Other

Population Restrictions

If the program is restricted to certain populations, select Yes.

Do you have any restrictions in which populations you are able to serve? *

Yes No, we can serve all populations

Then specify which populations by selecting the ones the program can serve and the ones the program specializes in.

If yes, who are you able to serve? (check all that apply) *

<input checked="" type="checkbox"/> Adolescents (13-19 years)	<input checked="" type="checkbox"/> Caregivers (non-paternal)
<input checked="" type="checkbox"/> Children (4-12 years)	<input checked="" type="checkbox"/> Domestic violence survivors
<input type="checkbox"/> Homebound	<input type="checkbox"/> Homeless
<input checked="" type="checkbox"/> Immigrants and refugees	<input checked="" type="checkbox"/> Infants and toddlers (0-3 years)
<input checked="" type="checkbox"/> Justice-involved	<input checked="" type="checkbox"/> LGBTQ+
<input checked="" type="checkbox"/> Low-income individuals and households	<input checked="" type="checkbox"/> Native Americans or Alaska Natives
<input checked="" type="checkbox"/> People with cognitive disabilities	<input checked="" type="checkbox"/> People with developmental disabilities
<input checked="" type="checkbox"/> People with HIV/AIDS	<input checked="" type="checkbox"/> People with mental health issues
<input checked="" type="checkbox"/> People with physical disabilities	<input checked="" type="checkbox"/> People with substance use issues
<input checked="" type="checkbox"/> Pregnancy	<input type="checkbox"/> Registered sex offenders
<input checked="" type="checkbox"/> Seniors	<input checked="" type="checkbox"/> Sexual assault survivors
<input checked="" type="checkbox"/> Unemployed	<input checked="" type="checkbox"/> Veterans and military families
<input checked="" type="checkbox"/> Victims of crime	<input checked="" type="checkbox"/> Victims of natural disaster

(i.e. cannot serve any other populations besides these due to grant requirements, etc.)

Documentation Needs

If the program requires clients to provide certain documents, select all that are required or useful to have.

Are there any documents needed or helpful to have to participate in this program? *

- | | |
|--|---|
| <input type="checkbox"/> None | <input checked="" type="checkbox"/> Birth certificate |
| <input type="checkbox"/> Death certificate | <input type="checkbox"/> Eviction notice |
| <input type="checkbox"/> Employment Authorization Document (EAD) | <input checked="" type="checkbox"/> Government-issued ID |
| | <input checked="" type="checkbox"/> Proof of citizenship/immigration status |
| <input type="checkbox"/> Proof of disability | <input type="checkbox"/> Proof of diagnosis/psychological evaluation |
| <input type="checkbox"/> Proof of expenses | <input checked="" type="checkbox"/> Proof of income |
| <input type="checkbox"/> Proof of insurance/insurance ID card | <input checked="" type="checkbox"/> Proof of residence |
| | <input type="checkbox"/> Proof of resources |
| <input type="checkbox"/> Utility bill(s) | <input type="checkbox"/> Proof of student status |
| | <input type="checkbox"/> Other |

Check all that apply.

Please list all staff members at your organization who should be attached to this program: *

Sergio Vega, Pantry Supervisor
Wendell Garrett, School Meals Coordinator
Ju Wang, Emergency Food Coordinator
Leela Singh, Benefits Coordinator
Vinh Tran, Prepared Meals Coordinator

Remember, these should be staff members who will be/already are Unite Us users.

Additional Requirements

If the program has any other eligibility criteria, please specify.

Is there any other eligibility criteria for this program?

Must be employed and provide federal identification documents.

Program's Staff

List all of the staff members at the organization with their titles, (added in Step 3) that will be using the Unite Us network *specifically* for this program.

NOTE: Any staff in this section must also be listed in Step 3, or as the Organization POC.

Step 3: Staff Members

The third step is to complete the *Staff Members* section, where you will add all of the staff members in the organization that will need access to the Unite Us software. In this section you will be asked the following questions:

Point of Contact (POC) Info

List the organization's main point of contact's information.

Point of Contact (POC) Name *

Willemina Van Cann

POC Title *

SA Pantry Director

POC Email *

vancann@SApantry.org

POC Phone *

(196) 765-4321 x4567

Select the activities that apply to how the main POC you're adding will be using Unite Us.

How will this user *primarily* be using Unite Us? (Please select as many as apply.) *

- Send Referrals for Clients
- Work with Clients who have Open Cases at My Organization
- Take Action on New Referrals Sent to My Organization
- Supervise Other Users' Case Loads and Activity
- Pull Reports to Analyze Organization Activity

Should this user be able to accept/reject referrals sent to your organization? *

Yes No

Should this user be able to edit the organization's profile and add/remove users? *

Yes No

POC Location

List the organization office(s) where the main POC is located.

NOTE: If you listed more than one office location for the organization in Step 1, please be sure to specify which location(s) the POC is located at.

At which office(s) is this staff member located? *

San Antonio

Staff Members

If you would like other staff members at the organization to use the Unite Us network, complete the following steps. Remember, only add those staff members who need to sign into Unite Us to send and/or receive referrals or manage cases for clients the organization is working with.

Do you want to add more staff members? *

Yes No

Should any staff at your organization *not* have access to all clients served by your organization? *

Yes No

NOTE: Each staff member you list in this section must have their own unique email address (for example, the organization's general email address cannot be used for all staff members). Staff will use their email address to sign into the Unite Us network.

Below is an example of an additional staff member's information:

Staff Member 1

Name *
Sergio Vega

Title *
Pantry Supervisor

Phone * (725) 723-6578 Email * vega@SApantry.org

If you have an extension you'd like to include, please follow this format: ###-###-#### x####. Please note that each user in the software needs to have a different email address.

How will this user *primarily* be using the Unite Us platform? (Please select as many as apply.) *

- Send Referrals for Clients
- Work with Clients who have Open Cases at My Organization
- Take Action on New Referrals Sent to My Organization
- Supervise Other Users' Case Loads and Activity
- Pull Reports to Analyze Organization Activity

Should this user be able to edit the organization's profile and add/remove users? * Yes No

Should this user be able to accept/reject referrals sent to your organization? * Yes No

This user will be notified via email when a referral is sent to your organization.

At which office(s) is this staff member located? *
San Antonio

NOTE: If you listed more than one office location for the organization in Step 1, please be sure to specify which location(s) each staff member is located at.

Step 4: Additional Information

The last step in the PRF process is to complete the *Additional Information* section. In this section you will be asked the following questions:

Sensitive Service Types

If the organization offers programs related to (Mental/ Behavioral Health, Physical Health, and/or Substance Use), select Yes. If you selected any of these service types for the organization's programs and it does not provide these services, consider returning to Step 3 to edit the programs' service types.

NOTE: If you do not provide these services, you should select No.

Do your participating programs provide any of the following services: Mental/Behavioral Health, Physical Health, Substance Use? *

Yes No

If you selected Yes to the previous question, you will be asked if the organization is compliant with Health Insurance Portability and Accountability Act (HIPAA).

You selected that your organization provides Physical Health, Mental/Behavioral Health, and/or Substance Use Services. Is your organization a covered entity under HIPAA? *

Yes No I don't know

Legal Services

If the organization's programs provide Legal services, click Yes.

Do your participating programs provide legal services? *

Yes No

If you select Yes, you will be asked the following:

You selected that your organization provides Legal services. Does your organization employ or contract with licensed legal providers who provide services directly to your clients? *

Yes No I don't know

Organization Logo

Next, you will upload the organization's logo to the PRF.

NOTE: Make sure to have your files in a PNG or JPEG format.

Please upload your organization's logo.

or drag files here.

San Antonio Food Pantry Logo.png
3.66 KB



Submit the PRF

For the last step, click the Submit button.

Congrats! You've completed the PRF process.