

## United Way of York County, SC 2-1-1 Database Certification Form 2020-21

Agency Name: \_\_\_\_\_

Agency Representative: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Date 2-1-1 Database updated: \_\_\_\_\_

Were any programs/services updated? \_\_\_\_\_ YES \_\_\_\_\_ NO

If there were updates, please add brief description of updated information:

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