

**United Way of York County, SC**  
**2-1-1 Database Certification Form 2021-22**

**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:**