



ADMINISTRATIVE ENROLLMENT SITE PROFILE

Date Completed:

Agency Name:

(Enter Legal Name Only)

Instructions: Complete For Administrative Enrollment Site *(Click and type in the GRAY HIGHLIGHTED placeholders below)*

Administrative Enrollment Site Location:

Site Name: _____ Phone Number: _____ Fax Number: _____ After Hours Phone Number: _____

Address: _____ City/State: _____ Zip Code: _____ Email Address - **Organization-Specific:** _____

Is this site open year round? Yes No Does this site allow walk-ins? Yes No

Hours of Operation:

Number of Days of Operation Per Week: _____ Number of Hours of Operation Per Week: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Enrollment Hours (e.g. 8:00am to 5:00pm)							

Requirements:

Staffing: *Administrative Enrollment site must have Certified Enrollment Counselors (CECs) and/or Certified Application counselors (CACs)*

Number of CECs on site: _____ **Number of CACs on site:** _____

Equipment: *The Administrative Enrollment Site must be fully equipped with all necessary equipment (e.g., computers/laptops with Internet access, printers, copiers, scanners, etc.)*

Number of Computers/Laptops _____ **Number of Printers/Copiers** _____ **Number of Scanners** _____

Licensure: *(Must attached verification documents)*

Business License Number: _____ **Effective Date:** _____ **Expiration Date:** _____

OR

Rental Agreement: Effective Date: _____ **Expiration Date:** _____

If more than one entity is occupying shared space – must submit Memorandum of Understanding:

Effective Date: _____ **Expiration Date:** _____

Form Completed By: _____ Telephone Number: _____ Email: _____