

Greater Newark Family Services Inventory

Organization Name & Federal ID Number

Parent or affiliate organization (if any) (e.g., YMCA, United Way, Hospital)

Address (including Web address)

Telephone Number(s)

Fax Number(s)

Please briefly describe your program.

Check here if attaching additional materials (brochures, flyers, etc.)

Please list the major service KEY WORDS

(e.g., Counseling, early childhood education, emergency services)

Please indicate what services your agency provides: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Adult Education, including GED | <input type="checkbox"/> Immigration assistance |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Income support |
| <input type="checkbox"/> Case management | <input type="checkbox"/> Job readiness |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Legal assistance |
| <input type="checkbox"/> Crisis intervention | <input type="checkbox"/> Mental/behavioral health services |
| <input type="checkbox"/> Clothing, furnishing, and other basic needs | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Disability/special needs services | <input type="checkbox"/> Nutrition support |
| <input type="checkbox"/> Domestic violence intervention | <input type="checkbox"/> Parenting skills |
| <input type="checkbox"/> Emergency assistance | <input type="checkbox"/> Prescription drug assistance |
| <input type="checkbox"/> ESL Education | <input type="checkbox"/> Prisoner reentry/reunification |
| <input type="checkbox"/> Employment/vocational training | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Family counseling and therapy | <input type="checkbox"/> Substance abuse services |
| <input type="checkbox"/> Family planning | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Financial literacy | <input type="checkbox"/> Utility assistance |
| <input type="checkbox"/> Health, medical care, and related services | <input type="checkbox"/> Veteran services |
| <input type="checkbox"/> HIV/AIDS prevention and treatment | <input type="checkbox"/> Women services |
| <input type="checkbox"/> Homelessness prevention | <input type="checkbox"/> Youth programs and services |
| <input type="checkbox"/> Housing/permanent | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Housing/transitional | |

What is your primary service area?

- | | |
|---|---|
| <input type="checkbox"/> Statewide | <input type="checkbox"/> Other defined area/region (Please specify) |
| <input type="checkbox"/> Multi-county service area: | |
| <input type="checkbox"/> Essex County only | <input type="checkbox"/> Other (Please specify) |

Which, if any, of the following describe your program? (Check all that apply)

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Government | <input type="checkbox"/> Information and referral |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> Direct services |
| <input type="checkbox"/> County | <input type="checkbox"/> Emergency assistance |
| <input type="checkbox"/> State | <input type="checkbox"/> Advocacy |
| ----- | <input type="checkbox"/> Multi-service |
| <input type="checkbox"/> Non-profit | ----- |
| <input type="checkbox"/> For-profit | <input type="checkbox"/> Main or Solo Office |
| <input type="checkbox"/> Faith-based | <input type="checkbox"/> Satellite Office |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Situated in larger agency |

Please indicate what hours your program operates.

- Weekdays:
- Weekends:
- Are you open on major holidays? Please explain:

How is your program funded?

State Program (Please specify)

- Local Government Program (Please specify)
- Federal Agency (Please specify)
- Other Public Funding (Please specify)
- Grant supported
- Medicaid
- Medicare
- Program fees
- Insurance
- Welfare (e.g., AFDC, GA)
- Other (Please specify):

Fee(s)

Is there a fee associated with this service? YES NO

- If yes, is it: Fee for service Sliding scale Other: _____
- What is the average charge? _____
- Are scholarships/sponsorships available? YES NO
If Yes, please explain. Use a separate sheet, if needed.

Other than English, what languages are spoken at your facility?

- Spanish Other (please specify):
- Portuguese
- French Creole

Parking and Transportation

- Is public transportation available? Yes No
Nearest stops (include route #):
Bus: _____
Train: _____
- Does your agency provide transportation or transportation assistance to clients? Yes No

If Yes, please explain (e.g., van service, voucher):

- Is parking available at or near your location? Yes No
Is there a charge? Yes No
If yes, what is the approximate cost? _____

By what criteria are your services limited (if any). Please explain.

- Gender:
- Age:
- Income guidelines:
- Family size:
- Family composition:
- Residency:
- Legal status:
- Criminal history:
- Other:

Please indicate what type(s) of identification is (are) needed. (Check all that apply)

- Valid Photo Id Medical documentation
- Green card/Passport Referral form
- Birth certificate Insurance verification
- Social Security Card Other:
- Proof of income
- Proof of address

Has your program been evaluated?

- Yes No
- If Yes, by whom? _____
- When was this? _____ (year)

Intake procedures

- Walk-ins welcome
- By appointment only
- Referral only (please indicate from whom referrals are accepted)
- Other (Please specify)

Please estimate the number your agency serves annually:

- Total (units): _____
- Unduplicated (if known): _____

Name & telephone number of person completing form

- Name: _____
- Title: _____
- Area Code and Phone number: _____
- Email: _____

Today's Date

_____/_____/_____

Please send completed form to:

The Joseph C. Cornwall Center for Metropolitan Studies, 47 Bleeker Street, Newark, NJ 07102
973-353-1750 (telephone)
973-353-1753 (fax)

For more information about the Cornwall Center visit us on the World Wide Web at www.cornwall.rutgers.edu