

RESOURCE GUIDE DATA COLLECTION

Name of Agency: _____

Hrs.: _____

Address of Agency: _____

Phone: _____

Fax: _____

Email: _____

Contact Person: _____

Website: _____

Population Served (check all that apply):

- Children Adults
 0-5 yrs 18-64yrs
 6-18 yrs 65 yrs and above

Targeted Population (check all that apply):

- General population Low-income
 Families Single parents
 Teen parents _____

Services Provided (check all that apply and provide a brief description of specific services provided):

- Health Services: _____
- Social Services: _____
- Domestic Violence Assistance: _____
- CHIP Insurance Enrollment: _____
- Medicaid: _____
- Adult/Family Literacy Programs: _____
- Probono Services: _____

Are clients assessed a fee for services?

- Yes, flat fee Yes, sliding fee No

Date: _____

Initials: _____

