



Please submit a complete description of your agency and services.

Add our agency to the NWICA Resquiree Connections database. This information will be given free of charge to individuals seeking human service assistance.

AGENCY INFORMATION

Agency's Name: _____

Agency's Physical Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Should the physical address be kept confidential? Yes: No:

Agency's Mailing Address:

Street/PO Box: _____

City: _____ State: _____ Zip Code: _____

Should agency's mailing address be kept confidential? Yes: No:

Contact numbers (Please include area codes):

Main Phone: _____ Toll Free: _____

TTY/TTD: _____ Fax: _____ Other: _____

E-mail address for public use: _____



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Web address: _____

Person in Charge/Title: _____

Contact Number: _____

E-Mail address: _____

Contact Person/Title: _____

Contact Number: _____

E-Mail address: _____

Agency is also known as (AKA): _____

Agency Type:

- Private/ Non-Profit Religious For Profit Membership Governmental
 Volunteer Private Practice Other: _____

Hours and Days of Operation:

Monday From _____ to _____

Tuesday From _____ to _____

Wednesday From _____ to _____

Thursday From _____ to _____

Friday From _____ to _____

Saturday From _____ to _____

Sunday From _____ to _____



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Brief Agency Description: (This should not be the agency mission but a brief description)

Other Comments or Instruction for NWICA Call Center:

Outreach Materials:

Please enclose any outreach materials such as pamphlets, brochures, sample newsletters, etc.

Agency Resource Information supplied by:

<hr/>	<hr/>	<hr/>
Signature	Title	Date

PROGRAM/SERVICE INFORMATION

INSTRUCTIONS: Please list each program and its services separately.
Make copies of this form and complete one form for each program/service.

Program Name: _____

Brief Program Service Description Provided:



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Site Information: If you have more than one site, please complete site information for each.

Site Name:

Site Address:

Street:

City: _____ State: _____ Zip Code: _____

Should this site address be kept confidential? Yes: No:

Eligibility requirements:

Fees: What type of fee structure does the agency have? If there is a sliding scale, what is the range?

What are the methods of payment?

Medicaid ___ Medicare ___ Voucher ___ Other _____

Are there provisions for scholarship or other reduced-fee arrangement? YES ___ NO ___

If yes, please, list details.



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Is a membership fee required for participation? YES ___ NO ___

If yes, please explain.

Intake procedure:

How can people apply for the service? What referral information is required?

What referral information is required from NWICA to assist individuals in receiving service?

Please indicate if the following documents are required to apply for services.

Birth Certificate: YES ___ NO ___ Social Security Card or Statement: YES ___ NO ___

Drivers License: YES ___ NO ___ Green Card: YES ___ NO ___

Income Verification: YES ___ NO ___ If yes, please explain: _____

Other documents: _____

Service Area. If you serve a specific zip code - indicate that in "other" area.

Jasper ___ Lake ___ Newton ___ Porter ___ Pulaski ___ Starke ___ LaPorte ___

Other _____



Are services offered in a language other than English? YES ___ NO ___

If yes, please list them.

Are interpreters available? YES ___ NO ___

Disclaimer:

NWICA does not guarantee that agencies listed in its database will receive client referrals. NWICA provides only limited screening of clients to determine eligibility for services or programs.

No endorsement or lack of endorsement of any agency/program shall be construed from its inclusion in or omission from the NWICA database.

Information collected by NWICA for inclusion in its database is provided voluntarily by the organizations that are listed. NWICA Staff makes only routine editorial revisions for consistency of style and format and does not evaluate programs and services.

Any organization that has a service listed in the NWICA database is prohibited from using that fact in any way to promote their service.

Signature

Title

Date

Mail to:

Becky Ruiz-Harbinson
Resource Connections Manager
Northwest Indiana Community Action (NWICA)
5420 Fountain Dr.
Crown Point, IN 46307

Questions? Call (219) 794-1829 Extension 2114; Fax (219) 794-1860 or e-mail bharbinson@nwi-ca.org

NWICA Office use only:

Date Received: _____ Meets Inclusion/Exclusion criteria: yes/no _____ Database Entry: _____

Comments:
