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**Please submit a complete description of your agency and services.**

Add our agency to the NWICA Resource 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)

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**Other Comments or Instruction for NWICA Call Center:**

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**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:

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Site Address:

Street:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Eligibility requirements:**

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

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**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 \_\_\_\_\_



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

If yes, please list them.

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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.

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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](mailto:bharbinson@nwi-ca.org)

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**NWICA Office use only:**

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

Comments:

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