

## INFORMATION ON A COMMUNITY AGENCY

This tool is designed for recording information about the service agencies in the community.

Date information collected \_\_\_\_\_

1. Program Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Date established \_\_\_\_\_
4. Purpose \_\_\_\_\_
5. Type of resource (official, voluntary, proprietary) \_\_\_\_\_
6. Affiliated with any government organization (National, state, local or other organization) \_\_\_\_\_
7. To whom is this agency accountable?  
\_\_\_\_\_
8. Personnel: Number \_\_\_\_\_ Type (professional, paraprofessional, volunteer) \_\_\_\_\_
9. Services offered \_\_\_\_\_
10. What geographical area is served? \_\_\_\_\_
11. What hours are they open/available? \_\_\_\_\_
12. Eligibility:  
Criteria for client admission \_\_\_\_\_  
Application and acceptance procedure \_\_\_\_\_  
\_\_\_\_\_  
When are applications taken \_\_\_\_\_  
What information is required \_\_\_\_\_  
\_\_\_\_\_

13. Coordination:

From whom are referrals received \_\_\_\_\_

How are referrals received \_\_\_\_\_

What information is required \_\_\_\_\_

To whom are referrals addressed and how \_\_\_\_\_

\_\_\_\_\_

13. What type of ongoing communication exists between this resource and the community

\_\_\_\_\_

How is this communication implemented \_\_\_\_\_

Who is the key liaison person for the clients \_\_\_\_\_

Who is the key liaison person for the Faith Community Nurse \_\_\_\_\_

14. Are consultant services available \_\_\_\_\_

15. What are the strengths and limitations of this resource?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_