

# Services Provided WORKSHEET

Agency Name:

Hours of Operation:

Phone Number:

These are services provided at the address above but can be made by either your agency or other *that has been assigned by your agency with a consistent commitment.*

**The services listed by your agency will be found in the Information and Referral portion of the system. This will allow all users the option to select you as the referred agency.**

**Please explain all yes answers and provide details for each.**

## 1. Shelter- Yes No

What is your shelter type?

Does your agency offer case management?

Is there a fee associated with shelter service? If yes how much

## 2. Food -Yes No

Are meals served or pantry?

Are there fees or free food service?

3. Payment Assistance (Rental,Utility etc.) -Yes No

4. Basic Needs-Yes No (Hygiene,towels etc)

5. Transportation Assistance –Yes No Bus Passes?

6. Legal Services-Yes No

7. Employment Services-Yes No

8. Medical Services-Yes No

9. Counseling Services-Yes No

10.Educational Services-Yes No

11.Substance Abuse Issues-Yes No