



# South Hampton Roads Oral Health Alliance

## Safety Net Convening

Thursday, September 6, 2018 | 1:00 pm – 2:30 pm  
United Way of South Hampton Roads, Norfolk, VA

### Desired Outcomes:

- Consensus on workgroup purpose and structure to implement these approaches:
  - Gather qualitative information from patients about what they believe are the most important barriers and enablers for utilizing safety net dental services; and
  - Compile information about safety net clinic capacity in a central resource to find information about dental services, make appropriate referrals, and potentially combine with other data to identify areas of need.
- Consensus on timeline and process for establishing workgroup chairperson(s) and designing action plan.

### Participants:

Tonya	Adiches	Virginia Department of Health Dental Health Program
Kathleen	Banfield	United Way of South Hampton Roads
Leroy	Brown	Southeastern Virginia Health System
Denise	Claiborne	Old Dominion University
Melissa	Eggen	Obici Healthcare Foundation
Nicole	Holt	Eastern Virginia Medical School/Old Dominion University
Brad	Lazernick	Senior Services of Southeastern Virginia
Arlene	Lipscomb	CHIP of South Hampton Roads
Ginger	Melton	Hampton Roads Community Health Center
Dourina	Petersen	Chesapeake Care

### Virginia Oral Health Coalition Staff:

Sarah	Bedard Holland	Chief Executive Officer	(sholland@vaoralhealth.org)
Lauren	Gray	Program and Engagement Manager	(lgray@vaoralhealth.org)

### Additional Handouts

- [Draft Workgroup Chairperson Job Description](#)
- [Unite Us Provider Registration Form](#)
- [Unite Us Registration Supplement – Additional Programs](#)

### Proceedings:

#### Welcome & Introductions:

*Lauren Gray welcomed participants to the second Dental Safety Net Convening. All participants and Virginia Oral Health Coalition (VaOHC) staff in the room introduced themselves, stated the organization they are a part of, and what brought them to the meeting today. Sarah Bedard*



# South Hampton Roads Oral Health Alliance

## Safety Net Convening

Thursday, September 6, 2018 | 1:00 pm – 2:30 pm  
United Way of South Hampton Roads, Norfolk, VA

*Holland provided a brief recap of how this group formed and the [June meeting](#). Lauren Gray provided an overview of the information to be discussed during the meeting.*

### Why We're Here & Workgroup Purpose

- Part of a collaborative community process going on for about a year. Past meeting summaries and materials available [here](#). Although several population-specific goals have emerged over the last year, the following surfaced as the primary foci of what we call the South Hampton Roads Oral Health Alliance:
  - **Safety Net Collaboration:** Increase the number of uninsured/under-insured adults with an established dental home by improving collaboration among free and low-cost dental providers. (The purpose of our convening today.)
  - **Pregnant women and children under age 5:** Increase pregnant women's rate of dental visits and the number of children receiving fluoride varnish through parent education and medical/dental provider outreach. (Minus 9 to 5 is looking at ways to address this goal.)
  - **Older adults:** Increase older adults' rate of annual dental visits by gathering data on the sites where they congregate, coordinating existing services, and exploring options for group transportation. (Hampton Roads Community Foundation's Aging Adults Affinity Group is looking at ways to address this goal.)
- Several localities in Virginia are struggling with poor outcomes even among children and families who have coverage, as well as under-utilization of safety net dental services – but we don't really know what root causes are driving these trends besides coverage and cost issues.
- In the greater Richmond area, community-based organizations are collaborating on a multi-pronged assessment of the safety net system of care:
  - Interviews of patients and referring organizations to get a sense of barriers and patient experience;
  - Web-based safety net navigation tool to map where services are delivered in relation to highest-need areas (e.g., high rates of chronic disease, maternal/infant mortality, etc.); and
  - A survey of safety net health clinics to determine what their capacity is, obtain updated operational information (e.g., eligibility criteria, hours, etc.), and compare to map.
- **Lauren G. asked participants if the strategies from the June meeting still resonate with them – consensus was that they still do.**
  - Gather qualitative information from patients about what they believe are the most important barriers and enablers for utilizing safety net dental services; and
  - Compile information about safety net clinic capacity in a central resource to find information about dental services, make appropriate referrals, and potentially combine with other data to identify areas of need.
- Sarah Bedard Holland mentioned that one barrier that is increasingly getting attention in studies of under-utilization of oral health care is shame.
- Another broader goal of the workgroup is to promote increased safety net collaboration.



# South Hampton Roads Oral Health Alliance

## Safety Net Convening

Thursday, September 6, 2018 | 1:00 pm – 2:30 pm  
United Way of South Hampton Roads, Norfolk, VA

- Lauren G. clarified that when we reference the “safety net,” we primarily mean free or low-cost health care clinics such as free clinics or community health centers that provide care to the uninsured and those with Medicaid/FAMIS.

### **Discussion: Workgroup Structure**

- Sarah Bedard Holland highlighted that Virginia is very fortunate to have a strong Dental Health program at the Virginia Department of Health which has brought a lot of resources into the commonwealth that many other states don't have.
- With VDH funding, **VaOHC is in the process of designing micro-grants to local or community-based organizations** to act as boots-on-the-ground champions and share some of the backbone role.
- VaOHC uses a collective impact model to foster collaboration statewide – with this model, VaOHC provides
  - Technical assistance and tools/resources to advocate for better oral health and health care policy;
  - Learning opportunities for care providers and community members about oral health and intersecting issues (e.g., chronic disease, special population needs, health equity, etc.);
  - Coordination and convening of regional and state workgroups;
  - Information sharing and best practices.
- In order to be successful, VaOHC has learned that it helps to have some financial support for community-based leadership to help facilitate the workgroup. Other collective impact models in states like [Vermont](#) have used this approach to offset time and travel expenses workgroup co-chairs, for example. As such, VaOHC will be administering micro-grants to alliance partners who would like to take on a greater leadership role. The intent is to ensure greater capacity, sustainability, and accountability for implementation of the workgroup action plans (which this workgroup will develop together).
- Workgroup participants reviewed the [Draft Workgroup Chairperson Job Description](#) and share their initial reactions.
  - Clarification: The “Workgroup Member Commitment” section at the top represents the baseline level of involvement requested of all the workgroup members, while the “Chairperson Responsibilities” section explains is in addition to the baseline commitment.
  - Clarification: The time commitment for all workgroup members (and chairpersons) should not exceed 5 hours per month, although chairpersons may put in more hours overall than the average workgroup member.
  - Clarification: Attendance at the annual Virginia Oral Health Summit (<http://bit.ly/OralHealth-18>) is encouraged for all workgroup chairs because it provides an opportunity to hear about what other alliances are doing and identify synergies and best practices.



# South Hampton Roads Oral Health Alliance

## Safety Net Convening

Thursday, September 6, 2018 | 1:00 pm – 2:30 pm  
United Way of South Hampton Roads, Norfolk, VA

- Clarification: The micro-grant for chairperson(s) could be split if the workgroup determines more than one is needed, and it would be paid in installments over the course of one year.
- Overall, workgroup members felt the description was reasonable. More input can be provided to Sarah Bedard Holland ([sholland@vaoralhealth.org](mailto:sholland@vaoralhealth.org) / 804-269-8721) prior to the next meeting.
- The next part of the discussion focused on how many teams would be needed to address each of the strategies – the original suggestion was to have a patient interview team and a capacity assessment team.
  - **Team 1: Patient Perspectives**
    - Brad Lazernick commented that his agency, SSSEVA, is a resource center that works with community members – could help interview or survey their clients.
    - Ginger Melton and Leroy Brown mentioned that they could get patient survey information as well.
  - **Team 2: Clinic Capacity**
    - Ginger Melton suggested that the clinical service providers go ahead and provide general information.
    - Group consensus was that we need consensus on what exact information we're requesting from safety net providers before pulling information to prevent issues with analyzing the data.
    - United Way of South Hampton Roads will share a service provider survey template they have used in the past, and VaOHC will share the Richmond-area survey templates ahead of next meeting.
      - [Unite Us Provider Registration Form](#)
      - [Unite Us Registration Supplement – Additional Programs](#)
    - **Request to workgroup members: assess whether or not the templates are the right information and whether or not your agency can provide it.**
  - **Community Engagement**
    - Melissa Eggen also suggested that the workgroup consider a way to incorporate direct community engagement in the workgroup activities.
    - Ginger Melton added that this would be easy to integrate along with the patient interviews (team 1) and that patients at her clinic would likely be eager to provide feedback.
    - Lauren G. agreed that having community engagement would be helpful if done with intentionality; don't want to over-promise huge change and disappoint folks. Need to make sure that we make clear what the outcome of their participation would be; i.e. to help us figure out how to address gaps in the system of care for dental services.
    - Suggestions:
      - An incentive for their time (e.g., a gift card); VaOHC could most likely provide that.



## South Hampton Roads Oral Health Alliance Safety Net Convening

Thursday, September 6, 2018 | 1:00 pm – 2:30 pm  
United Way of South Hampton Roads, Norfolk, VA

- Recruit community participants who *aren't* clinic patients as well to better understand why some people aren't seeking services.
- Make the community engagement piece part of the mission of Team 1.
- Someone asked how long the duration of the workgroup would be and if the plan was for it to evolve over time?
  - Sarah responded that the intent of the workgroup could shift over time as we gather information; second phase would be determining what to do based on the information gathered.

### Next Steps

- United Way of South Hampton Roads will share a service provider survey template they have used in the past, and VaOHC will share the Richmond-area survey templates ahead of next meeting.
  - [Unite Us Provider Registration Form](#)
  - [Unite Us Registration Supplement – Additional Programs](#)
  - Richmond survey template to be shared soon
- Request to workgroup members: compare the templates and assess whether or not they elicit the right information to help us understand:
  - What dental services are currently available
  - Who is eligible to receive dental services
  - Where the potential gaps in services are
  - Where the potential overlap in services are

### Upcoming Events:

#### 2018 Virginia Oral Health Summit

When: Thursday, November 8, 2018, 8:45 am – 3:45 pm

Where: The Westin Richmond, 6631 W Broad St, Richmond, VA 23230

Registration open now at <http://bit.ly/OralHealth-18> (early bird rate available)

#### South Hampton Roads Dental Safety Net Convening

When: Wednesday, November 28, 2018, 1:00 pm – 3:00 pm

Where: United Way of South Hampton Roads, 2515 Walmer Ave, Norfolk, VA 23513

RSVP to Sarah Stemrich: [sstemrich@vaoralhealth.org](mailto:sstemrich@vaoralhealth.org)

## **Draft Workgroup Chairperson Job Description**

The Virginia Oral Health Coalition (VaOHC) is a nonprofit whose mission is to ensure that all Virginians have access to affordable, comprehensive health care that is inclusive of oral health. We are an alliance of hundreds of partners statewide who believe that oral health is essential to overall health. VaOHC serves as the backbone organization supporting the South Hampton Roads Oral Health Alliance and its **Dental Safety Net Workgroup**, which is focused on improving collaboration among safety net clinics and increasing utilization of dental safety net services.

### **Workgroup Member Commitment**

- Agree to set collective goals and implement strategies with the following characteristics:
  - System-focused to address the social determinants of oral health and overall health<sup>1</sup>;
  - Foster cross-sector collaboration;
  - Grounded in evidence-based practice;
  - Data-driven decision-making;
  - Targeted, equitable outcomes with focus on results; and
  - Dynamic two-way, local-to-state structure.
- Participation in bimonthly 2-hour meetings.
- Collaborate to outline a 2018-2019 action plan to implement desired approach, including:
  - A timeline for implementation,
  - Leads/point persons for action items, and
  - Resources/support needed from Coalition staff to implement action plan.
- Commit up to 3-5 hours/month to implement action plan items. Workgroup members (and chairs) may also be asked to:
  - Share data on clinic operations, referral processes, and types of services offered;
  - Facilitate access to patient/provider perspectives; and
  - Participate in occasional convenings coordinated by the Coalition to receive technical assistance, training, and to learn from other oral health alliance groups around the state.
- Participate in learning and information-sharing opportunities offered by the Coalition, as available:
  - Virginia Oral Health Summit: Thursday, November 8, 2018 | Richmond, VA

### **Chairperson Responsibilities**

In addition to the above commitment, individuals may nominate themselves (on behalf of their organizations) to serve as Workgroup Chairpersons and receive a micro-grant of \$5,000. These funds will offset staff time and travel expenses, as well as additional responsibilities including:

- Participate in monthly phone calls with VaOHC staff;
- Participate in all bimonthly workgroup convenings and full alliance coverings;
- Update workgroup action plan as needed;

---

<sup>1</sup> Including economic stability, the neighborhood and built environment, health and health care, social and community context, and education.

- Attend the Virginia Oral Health Summit and biannual Coalition-wide meetings, as well as other opportunities to develop network facilitation and leadership skills; and
- Identify opportunities and new potential partners to further the workgroup's efforts.

## **Unite Us Network Provider Registration Form**

### **Page 1**

1. Organization Name
2. About Us (brief description of your organization's mission and services)
3. Organization Address
4. Days and Hours of Operation
5. Does your organization have multiple physical locations that will be providing services within the network? (Yes/No)
6. Please list each office location (including name, address, phone number)
7. Organization Website
8. Main Phone Number
9. General Email Address
10. Main Fax

### **Page 2: Point of Contact Info**

1. Point of Contact Name (used internally only)
2. POC Title
3. POC Phone Number
4. POC Email Address
5. Should this user be able to edit the organization's profile and add/remove users?
6. Should this user be able to accept/reject referrals sent from other providers? (This user would be notified via email when a referral is sent to your organization.)
7. Should this user be able to see all cases at your organization, or just the cases assigned to them?
8. At which office is this staff member located?
9. Do you wish to add more staff? (Add any staff who will need access to the Unite Us platform to send/receive referrals and update cases.)
10. How many additional staff would you like to register (1/2/3/4/5/6+)

### **Page 3: Additional Staff Member 1**

1. Name (used internally only)
2. Title
3. Phone Number
4. Email Address
5. Should this user be able to edit the organization's profile and add/remove users?
6. Should this user be able to accept/reject referrals sent from other providers? (This user would be notified via email when a referral is sent to your organization.)
7. Should this user be able to see all cases at your organization, or just the cases assigned to them?
8. At which office is this staff member located?

### **Page 4: Additional Staff Member 2**

1. Name (used internally only)
2. Title
3. Phone Number
4. Email Address
5. Should this user be able to edit the organization's profile and add/remove users?



6. Should this user be able to accept/reject referrals sent from other providers? (This user would be notified via email when a referral is sent to your organization.)
7. Should this user be able to see all cases at your organization, or just the cases assigned to them?
8. At which office is this staff member located?

Page 5: Additional Staff Member 3

1. Name (used internally only)
2. Title
3. Phone Number
4. Email Address
5. Should this user be able to edit the organization's profile and add/remove users?
6. Should this user be able to accept/reject referrals sent from other providers? (This user would be notified via email when a referral is sent to your organization.)
7. Should this user be able to see all cases at your organization, or just the cases assigned to them?
8. At which office is this staff member located?

Page 6: Additional Staff Member 4

1. Name (used internally only)
2. Title
3. Phone Number
4. Email Address
5. Should this user be able to edit the organization's profile and add/remove users?
6. Should this user be able to accept/reject referrals sent from other providers? (This user would be notified via email when a referral is sent to your organization.)
7. Should this user be able to see all cases at your organization, or just the cases assigned to them?
8. At which office is this staff member located?

Page 7: Additional Staff Member 5

1. Name (used internally only)
2. Title
3. Phone Number
4. Email Address
5. Should this user be able to edit the organization's profile and add/remove users?
6. Should this user be able to accept/reject referrals sent from other providers? (This user would be notified via email when a referral is sent to your organization.)
7. Should this user be able to see all cases at your organization, or just the cases assigned to them?
8. At which office is this staff member located?

Page 8: Add 6 or More Staff Members:

To register six or more staff, please contact [support@uniteus.com](mailto:support@uniteus.com).

Page 9: Programs

How many programs will participate in the network? (1/2/3/4/5/6+)

In this next step, you will tell us about the programs (or departments) that you wish to receive referrals for in the Network. You'll be asked to describe the services and identify the eligibility criteria for each program. This information will be used by network providers making referrals to your organization to determine if your organization/program can serve the client.

Later, you will have the opportunity to connect staff members with specific programs. This information will be used to assign clients to a program and staff member once a referral has been accepted.

If your organization is not separated into programs or departments, we recommend that you select '1' below, and type in your organization's name as the Program Name.

If you wish to add more than 5 more programs, please contact [support@uniteus.com](mailto:support@uniteus.com).

#### Page 10: Program 1

*The information you include regarding your organization's programs will ensure that other providers send you referrals for individuals that are eligible for your services.*

1. Program Name:
2. Brief Overview of Program:
3. Which office locations offer this program?
4. Which counties/cities does this program serve?
5. Days and Hours of Operation of Program:
6. Payment options for this program:
  - a. Free
  - b. Insurance
    - i. Please list the insurance plans this program accepts (including both carrier and plan/insurance type).
  - c. Self-pay
  - d. Sliding Scale
7. Accessibility options for this program:
  - a. ADA accessible
  - b. Blind accommodation
  - c. Deaf and hard of hearing accommodation
  - d. Interpretation/translation services available
8. Is transportation available for clients enrolled in or applying for this program? (Yes/No)
  - a. If yes, please describe:
9. Primary method of service delivery:
  - a. In home
  - b. In office
  - c. Web-based
  - d. Phone-based
10. Are any languages other than English supported by and/or spoken at the program? (Yes/No)
  - a. If yes, which languages?
11. Please list the staff members you would like connected to this program.
12. Services your program directly provides and should receive referrals for (*Unite Us categorizes programs into 20 total service types to assist providers in finding applicable services for their clients; you can reference the Unite Us Service Types Glossary to help*)

categorize your program(s). Please choose the service type(s) that best fit the types of services your program directly provides and should receive referrals for.)

Page 10: Program 1 Eligibility

1. Are there any residency requirements to be eligible for this program? (Yes/No)
  - a. If yes, please describe.
2. Are there any income requirements to be eligible for this program? (Yes/No)
  - a. If yes, please describe, addressing the following (as applicable):
    - i. Is there a maximum % AMI (Area Median Income) or % FPL (Federal Poverty Line) for eligibility?
    - ii. Are income requirements based on the head of household/client seeking services, or on the entire household's income?
    - iii. Please be sure to include ALL income criteria and considerations for this program.
3. Is U.S. citizenship or a particular immigration status required to be eligible for the program? (Yes/No)
  - a. If yes, please describe which statuses clients can have to be eligible.
4. Does the program require the client to be able to work? (Yes/No)
5. Is a disability required to be eligible for the program? (Yes/No)
  - a. If yes, please describe, addressing the following (as applicable):
    - i. Who must have the disability? (e.g. head of household, any household member)
    - ii. Does the disability need to be documented?
    - iii. What kinds of disabilities are eligible/not eligible?
6. Is there an age requirement for this program? (Yes/No)
  - a. If yes, please describe the age requirement.
7. Population(s) that the program is restricted to serving (If your program is limited to serving specific populations (i.e. cannot serve any other populations besides these due to grant requirements, etc.), please select those populations you serve below. Please avoid selecting all.):
  - a. Can serve all populations
  - b. Adolescents (13-19 years)
  - c. Caregivers (non-paternal)
  - d. Children (4-12 years)
  - e. Domestic violence survivors
  - f. Homebound
  - g. Homeless
  - h. Immigrants and refugees
  - i. Infants and toddlers (0-3 years)
  - j. Justice-involved
  - k. LGBTQ+
  - l. Low-income individuals and households
  - m. Native Americans or Alaska Natives
  - n. People with cognitive disabilities
  - o. People with developmental disabilities
  - p. People with HIV/AIDS
  - q. People with mental health issues
  - r. People with physical disabilities
  - s. People with substance use issues

- t. Pregnancy
  - u. Registered sex offenders
  - v. Seniors
  - w. Sexual assault survivors
  - x. Unemployed
  - y. Veterans and military families
  - z. Victims of crime
  - aa. Victims of natural disaster
  - bb. Other
    - i. If Other, please describe
8. If limited to a particular populations, are any family or household members eligible for the program (Yes/No)
- a. If yes, who is eligible for the program?
    - i. Spouse
    - ii. Dependents
    - iii. Any Household Members
    - iv. Other
      - 1. If Other, please describe.
9. Population(s) that the program specializes in serving (*If your program specializes in serving a specific population(s) (i.e. has developed expertise in serving specific population(s) but can serve others outside of the population), please select those populations below. Please avoid selecting all.*)
- a. Same as above
10. If applicable, please select the documents needed to participate in the program:
- a. Birth certificate
  - b. Death certificate
  - c. DD-214
  - d. Eviction notice
  - e. Employment Authorization Document (EAD)
  - f. Government-issued ID
  - g. Proof of citizenship/immigration status
  - h. Proof of disability
  - i. Proof of diagnosis/psychological evaluation
  - j. Proof of expenses
  - k. Proof of income
  - l. Proof of insurance/insurance ID card
  - m. Proof of residence
  - n. Proof of resources
  - o. Proof of student status
  - p. Utility bill(s)
  - q. None
  - r. Other
    - i. If other, please describe
11. Are there any other eligibility criteria for this program?

Page 11: Program 2

Same info as above

Page 11: Program 2 Eligibility

Same info as above, option to copy eligibility criteria from previous program

Page 12: Program 3

Same info as above

Page 12: Program 3 Eligibility

Same info as above, option to copy eligibility criteria from a previous program (and indicate which program)

Page 13: Program 4

Same info as above

Page 13: Program 4 Eligibility

Same info as above, option to copy eligibility criteria from a previous program (and indicate which program)

Page 14: Program 5

Same info as above

Page 14: Program 5 Eligibility

Same info as above, option to copy eligibility criteria from a previous program (and indicate which program)

Page 15: Add 6 or More Programs:

If you need to register more than five programs, please contact [support@uniteus.com](mailto:support@uniteus.com).

Page 16

1. You selected that your organization provides Physical Health, Mental/Behavioral Health, and/or Substance Use Services. Is your organization a covered entity under HIPAA? (Yes/No/Don't Know) *(Only shows up if program is marked as providing physical health, mental/behavioral health, or substance use services.)*
2. Please upload your organization's logo (JPEG or PNG file), in a square format. By uploading your logo, you authorize it to be featured on UniteUs.com, and "X" Coordinated Network website/collateral. Square images are preferred, such as the logo your organization may use for its Facebook, Twitter, or other social media accounts.

## Unite Us: Provider Registration Supplement

Organization Name:

Number of Programs Participating in Network:

Navigate to: [Program 1](#); [Program 2](#); [Program 3](#); [Program 4](#); [Program 5](#); [Program 6](#); [Program 7](#); [Program 8](#); [Program 9](#); [Program 10](#); [Program 11](#); [Program 12](#)

### Program 1 - General

1. **Program Name:**
2. **Brief Program Overview:**
3. **Which office locations offer this program?:**
4. **Which counties/cities does this program serve?:**
5. **Days and Hours of Operation** (if different from the organization days and hours):
6. **Payment options for this program** (Delete those that DON'T apply. Keep the ones that do!):
  - Free
  - Insurance
    - Please list the insurance plans this program accepts (including both carrier and plan/insurance type).
  - Self-pay
  - Sliding Scale
7. **Accessibility options for this program** (Delete those that DON'T apply):
  - ADA accessible
  - Blind accommodation
  - Deaf and hard of hearing accommodation
  - Interpreter/translation services available
8. **Is transportation available (e.g. bus passes, gas cards, rides provided by your org) for clients enrolled in or applying for this program?** (Delete the answer that DOESN'T apply):
  - Yes (if yes, please describe):
  - No
9. **Primary method of service delivery** (Delete those that DON'T apply):
  - In home
  - In office
  - Web based
  - Phone based
10. **Are any languages other than English supported by and/or spoken at the program?** (Delete the answer that DOESN'T apply):
  - Yes (if yes, which languages):
  - No
11. **Please list the staff members you would like connected to this program:**
12. **Services the program directly provides and should receive referrals for** (Unite Us categorizes programs into 20 total service types to assist providers in finding applicable services for their clients; you can reference the Unite Us Service Types Glossary to help categorize your program(s). Please choose the service type(s) that best fit the types of services your program directly provides and should receive referrals for.) (Delete those that DON'T apply):
  - Benefits Navigation
    - Benefits Eligibility Screening
    - Health Insurance/Benefits
  - ID/Documentation Assistance
    - Immigration Services
  - Clothing & Household Goods

- Appliances
- Baby Supplies/Furniture
- Clothing
- Furniture
- Houseware/Cookware
- Phones/Electronics
- Personal and Household Goods
- Education
  - Computer/Technology Classes
  - Degrees/Certifications
    - Associate's Degree
    - Bachelor's Degree
    - Continuing Education
    - Doctorate Degree
    - GED
    - Master's Degree
    - Post-baccalaureate Programs
  - Early Childhood Education
  - Educational Support Services
  - Language Classes
  - Tuition Assistance
- Employment
  - Career Skills Development
  - Internships/Work Experience
  - Job Search/Placement
  - Job Training
- Entrepreneurship
  - Commercial Real Estate
  - Entrepreneurial Training
  - Fundraising and Financing
  - Pro Bono Business Attorneys
- Food Assistance
  - Emergency Food
  - Prepared Meals
  - School Meals
  - SNAP/WIC/Nutrition Benefits
- Housing & Shelter
  - Assisted Living
  - Emergency Housing
  - Home Expense Assistance/Repairs
  - Home Loans and Financing
  - House Applications/Re-certifications
  - Housing Mediation & Eviction Prevention
  - Moving Assistance
  - Permanent Housing
  - Rent/Mortgage Payment Assistance
  - Transitional Housing
- Income Support
  - Emergency/One-time Financial Assistance
  - SSI/SSD & Disability Benefits
  - TANF/Cash Assistance Programs
  - Unemployment Insurance
  - Veterans' Pension & Disability Benefits
- Individual & Family Support
  - Adult Day Programs
  - Caregiving Services
  - Case/Care Management
  - Child Care
  - Environmental Modifications/Accessibility
  - Holiday Programs
- Interpretation Services
- Life Coaching
- Life Skills Training & Support
- Mentoring
- Parenting Education
- Peer Support
- Respite Care
- Service Animals
- Support Groups
- Legal
  - Bankruptcy Law
  - Consumer Rights & Debt Advocacy
  - Criminal Law
  - Education Law
  - Employment Law
  - Expungements
  - Family Law
  - Health Law
  - Housing Law
  - Immigration Law
  - Military Discharge Upgrade
  - Military Law
  - Public Benefits Advocacy
  - Tax Law
  - Veterans Benefits Advocacy
  - Wills & Estates
- Mental/Behavioral Health
  - Behavioral Skills Training and Support
  - Conjoint Counseling
  - Crisis Intervention
  - Family Counseling
  - Group Counseling
  - Individual Counseling
  - Inpatient Mental Health
  - Mental Health Evaluation
  - Mental Health Expense Assistance
  - Mental Health Information/Education
  - Psychiatric Services
  - Supportive Therapies
  - Youth Mental Health Services
- Money Management
  - Financial Counseling
  - Financial Literacy Classes
  - Tax Preparation Services
- Physical Health
  - Chronic Disease Prevention & Management
  - Dental Care
  - Health Coaching
  - Home-based Care
  - Hospice & Palliative Care
  - Long Term Care (Facility-based)
  - Medical Case Management Services
  - Medical Equipment/Assistive Technology
  - Medical Expense Assistance
  - Primary Care
  - Rehabilitative/Habilitative Services
  - Screenings & Immunizations
  - Specialty Care
- Social Enrichment
  - Advocacy Groups
  - Arts & Crafts Classes

- Cooking Classes
- Leadership Development
- Music Classes
- Peer to Peer Networking
- Professional Development
- Special Interest Clubs
- Volunteer Opportunities
- Youth Development
- Spiritual Enrichment
- Sports & Recreation
  - Adaptive Sports
  - Boating/Water Activities
  - Exercise Classes/Groups
  - Extreme Sports
  - Individual/Team Sports
  - Martial Arts
  - Outdoor Activities
  - Snow Sports
- Substance Use
  - Drug/Alcohol Testing
  - Harm Reduction
  - Substance Use Counseling
  - Substance Use Expense Assistance
  - Substance Use Recovery Support
  - Substance Use Treatment
  - Tobacco Cessation
- Transportation
  - Ride Coordination
  - Transportation Expense Assistance
  - Transportation Passes/Vouchers
- Utilities
  - Home Energy/Utilities Benefits
  - Utility Bill Payment Assistance
- Wellness
  - Alternative Medicine
  - Health Literacy Classes
  - Mindfulness and Meditation
  - Nutrition Education & Counseling
  - Therapeutic Programs & Retreats
  - Wellness Expense Assistance

### Program 1 - Eligibility

13. Are any residency requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe):
  - No
14. Are there any income requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Is there a maximum % AMI (Area Median Income) or % FPL (Federal Poverty Line) for eligibility?
    - Are income requirements based on the head of household/client seeking services, or on the entire household's income?
  - No
15. Is U.S. citizenship or a particular immigration status required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe which statuses clients can have to be eligible):
  - No
16. Does the program require the client to be able to work? *(Delete the answer that DOESN'T apply):*
- Yes
  - No
17. Is a disability required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Who must have the disability? (e.g. head of household, any household member)
    - Does the disability need to be documented?
    - What kinds of disabilities are eligible/not eligible?
  - No
18. Is there an age requirement for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe the age requirement):
  - No
19. Population(s) that the program is restricted to serving (If your program is limited to serving specific populations (i.e. cannot serve any other populations besides these due to grant requirements, etc.), please select those populations you serve below. Please avoid selecting all.) *(Delete those that DON'T apply):*
- Can serve all populations
  - Adolescents (13-19 years)
  - Caregivers (non-paternal)
  - Children (4-12 years)



- Domestic violence survivors
- Homebound
- Homeless
- Immigrants and refugees
- Infants and toddlers (0-3 years)
- Justice-involved
- LGBTQ+
- Low-income individuals and households
- Native Americans or Alaska Natives
- People with cognitive disabilities
- People with developmental disabilities
- People with HIV/AIDS
- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If Other, please describe

**20. If limited to a particular population, are any family or household members eligible for the program?**

*(Delete the answer that DOESN'T apply):*

- Yes (if yes, who is eligible for the program): *(Delete those that DON'T apply):*
  - Spouse
  - Dependents
  - Any Household Members
  - Other (if other, please describe)
- No

**21. Population(s) that the program specializes in serving** *(If your program specializes in serving a specific population(s) (i.e. has developed expertise in serving specific population(s) but can serve others outside of the population), please select those populations below. Please avoid selecting all.) (Delete those that DON'T apply):*

- Can serve all populations
- Adolescents (13-19 years)
- Caregivers (non-paternal)
- Children (4-12 years)
- Domestic violence survivors
- Homebound
- Homeless
- Immigrants and refugees
- Infants and toddlers (0-3 years)
- Justice-involved
- LGBTQ+
- Low-income individuals and households
- Native Americans or Alaska Natives
- People with cognitive disabilities
- People with developmental disabilities
- People with HIV/AIDS
- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If other, please describe

**22. If applicable, please select the documents needed to participate in the program** *(Delete those that DON'T apply):*

- Birth certificate
- Death certificate
- DD-214
- Eviction notice
- Employment Authorization Document
- Government-issued ID
- Proof of citizenship/immigration status
- Proof of disability
- Proof of diagnosis/psychological evaluation
- Proof of expenses
- Proof of income
- Proof of insurance/insurance ID card
- Proof of residence
- Proof of resources
- Proof of student status
- Utility bill(s)

- None
- Other

- *If other, please describe*

23. Are there any other eligibility criteria for this program?

FOR REFERENCE ONLY

## Program 2 - General

1. **Program Name:**
2. **Brief Program Overview:**
3. **Which office locations offer this program?:**
4. **Which counties/cities does this program serve?:**
5. **Days and Hours of Operation** *(if different from the organization days and hours):*
6. **Payment options for this program** *(Delete those that DON'T apply. Keep the ones that do!):*
  - Free
  - Insurance
    - Please list the insurance plans this program accepts (including both carrier and plan/insurance type).
  - Self-pay
  - Sliding Scale
7. **Accessibility options for this program** *(Delete those that DON'T apply):*
  - ADA accessible
  - Blind accommodation
  - Deaf and hard of hearing accommodation
  - Interpreter/translation services available
8. **Is transportation available (e.g. bus passes, gas cards, rides provided by your org) for clients enrolled in or applying for this program?** *(Delete the answer that DOESN'T apply):*
  - Yes *(if yes, please describe):*
  - No
9. **Primary method of service delivery** *(Delete those that DON'T apply):*
  - In home
  - In office
  - Web based
  - Phone based
10. **Are any languages other than English supported by and/or spoken at the program?** *(Delete the answer that DOESN'T apply):*
  - Yes *(if yes, which languages):*
  - No
11. **Please list the staff members you would like connected to this program:**
12. **Services the program directly provides and should receive referrals for** *(Unite Us categorizes programs into 20 total service types to assist providers in finding applicable services for their clients; you can reference the Unite Us Service Types Glossary to help categorize your program(s). Please choose the service type(s) that best fit the types of services your program directly provides and should receive referrals for.)* *(Delete those that DON'T apply):*
  - Benefits Navigation
    - Benefits Eligibility Screening
    - Health Insurance/Benefits
    - ID/Documentation Assistance
    - Immigration Services
  - Clothing & Household Goods
    - Appliances
    - Baby Supplies/Furniture
    - Clothing
    - Furniture
    - Houseware/Cookware
    - Phones/Electronics
    - Personal and Household Goods
  - Education
    - Computer/Technology Classes
  - Degrees/Certifications
    - Associate's Degree
    - Bachelor's Degree
    - Continuing Education
    - Doctorate Degree
    - GED
    - Master's Degree
    - Post-baccalaureate Programs
  - Early Childhood Education
    - Early Childhood Education
    - Educational Support Services
    - Language Classes
    - Tuition Assistance
  - Employment
    - Career Skills Development
    - Internships/Work Experience

- Job Search/Placement
  - Job Training
- Entrepreneurship
  - Commercial Real Estate
  - Entrepreneurial Training
  - Fundraising and Financing
  - Pro Bono Business Attorneys
- Food Assistance
  - Emergency Food
  - Prepared Meals
  - School Meals
  - SNAP/WIC/Nutrition Benefits
- Housing & Shelter
  - Assisted Living
  - Emergency Housing
  - Home Expense Assistance/Repairs
  - Home Loans and Financing
  - House Applications/Re-certifications
  - Housing Mediation & Eviction Prevention
  - Moving Assistance
  - Permanent Housing
  - Rent/Mortgage Payment Assistance
  - Transitional Housing
- Income Support
  - Emergency/One-time Financial Assistance
  - SSI/SSD & Disability Benefits
  - TANF/Cash Assistance Programs
  - Unemployment Insurance
  - Veterans' Pension & Disability Benefits
- Individual & Family Support
  - Adult Day Programs
  - Caregiving Services
  - Case/Care Management
  - Child Care
  - Environmental Modifications/Accessibility
  - Holiday Programs
  - Interpretation Services
  - Life Coaching
  - Life Skills Training & Support
  - Mentoring
  - Parenting Education
  - Peer Support
  - Respite Care
  - Service Animals
  - Support Groups
- Legal
  - Bankruptcy Law
  - Consumer Rights & Debt Advocacy
  - Criminal Law
  - Education Law
  - Employment Law
  - Expungements
  - Family Law
  - Health Law
  - Housing Law
  - Immigration Law
  - Military Discharge Upgrade
  - Military Law
  - Public Benefits Advocacy
  - Tax Law
  - Veterans Benefits Advocacy
- Wills & Estates
- Mental/Behavioral Health
  - Behavioral Skills Training and Support
  - Conjoint Counseling
  - Crisis Intervention
  - Family Counseling
  - Group Counseling
  - Individual Counseling
  - Inpatient Mental Health
  - Mental Health Evaluation
  - Mental Health Expense Assistance
  - Mental Health Information/Education
  - Psychiatric Services
  - Supportive Therapies
  - Youth Mental Health Services
- Money Management
  - Financial Counseling
  - Financial Literacy Classes
  - Tax Preparation Services
- Physical Health
  - Chronic Disease Prevention & Management
  - Dental Care
  - Health Coaching
  - Home-based Care
  - Hospice & Palliative Care
  - Long Term Care (Facility-based)
  - Medical Case Management Services
  - Medical Equipment/Assistive Technology
  - Medical Expense Assistance
  - Primary Care
  - Rehabilitative/Habilitative Services
  - Screenings & Immunizations
  - Specialty Care
- Social Enrichment
  - Advocacy Groups
  - Arts & Crafts Classes
  - Cooking Classes
  - Leadership Development
  - Music Classes
  - Peer to Peer Networking
  - Professional Development
  - Special Interest Clubs
  - Volunteer Opportunities
  - Youth Development
- Spiritual Enrichment
- Sports & Recreation
  - Adaptive Sports
  - Boating/Water Activities
  - Exercise Classes/Groups
  - Extreme Sports
  - Individual/Team Sports
  - Martial Arts
  - Outdoor Activities
  - Snow Sports
- Substance Use
  - Drug/Alcohol Testing
  - Harm Reduction
  - Substance Use Counseling
  - Substance Use Expense Assistance
  - Substance Use Recovery Support
  - Substance Use Treatment

- Tobacco Cessation
- Transportation
  - Ride Coordination
  - Transportation Expense Assistance
  - Transportation Passes/Vouchers
- Utilities
  - Home Energy/Utilities Benefits
  - Utility Bill Payment Assistance
- Wellness
  - Alternative Medicine
  - Health Literacy Classes
  - Mindfulness and Meditation
  - Nutrition Education & Counseling
  - Therapeutic Programs & Retreats
  - Wellness Expense Assistance

## Program 2 - Eligibility

If the program eligibility is the same as a previous program, indicate which below and leave section blank:

13. Are any residency requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe):
  - No
14. Are there any income requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Is there a maximum % AMI (Area Median Income) or % FPL (Federal Poverty Line) for eligibility?
    - Are income requirements based on the head of household/client seeking services, or on the entire household's income?
  - No
15. Is U.S. citizenship or a particular immigration status required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe which statuses clients can have to be eligible):
  - No
16. Does the program require the client to be able to work? *(Delete the answer that DOESN'T apply):*
- Yes
  - No
17. Is a disability required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Who must have the disability? (e.g. head of household, any household member)
    - Does the disability need to be documented?
    - What kinds of disabilities are eligible/not eligible?
  - No
18. Is there an age requirement for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe the age requirement):
  - No
19. Population(s) that the program is restricted to serving (If your program is limited to serving specific populations (i.e. cannot serve any other populations besides these due to grant requirements, etc.), please select those populations you serve below. Please avoid selecting all.) *(Delete those that DON'T apply):*
- Can serve all populations
  - Adolescents (13-19 years)
  - Caregivers (non-paternal)
  - Children (4-12 years)
  - Domestic violence survivors
  - Homebound
  - Homeless
  - Immigrants and refugees
  - Infants and toddlers (0-3 years)
  - Justice-involved
  - LGBTQ+
  - Low-income individuals and households
  - Native Americans or Alaska Natives
  - People with cognitive disabilities
  - People with developmental disabilities
  - People with HIV/AIDS

- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If Other, please describe

**20. If limited to a particular population, are any family or household members eligible for the program?**

*(Delete the answer that DOESN'T apply):*

- Yes (if yes, who is eligible for the program): *(Delete those that DON'T apply):*
  - Spouse
  - Dependents
  - Any Household Members
  - Other (if other, please describe)
- No

**21. Population(s) that the program specializes in serving** *(If your program specializes in serving a specific population(s) (i.e. has developed expertise in serving specific population(s) but can serve others outside of the population), please select those populations below. Please avoid selecting all.) (Delete those that DON'T apply):*

- Can serve all populations
- Adolescents (13-19 years)
- Caregivers (non-paternal)
- Children (4-12 years)
- Domestic violence survivors
- Homebound
- Homeless
- Immigrants and refugees
- Infants and toddlers (0-3 years)
- Justice-involved
- LGBTQ+
- Low-income individuals and households
- Native Americans or Alaska Natives
- People with cognitive disabilities
- People with developmental disabilities
- People with HIV/AIDS
- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If other, please describe

**22. If applicable, please select the documents needed to participate in the program** *(Delete those that DON'T apply):*

- Birth certificate
- Death certificate
- DD-214
- Eviction notice
- Employment Authorization Document
- Government-issued ID
- Proof of citizenship/immigration status
- Proof of disability
- Proof of diagnosis/psychological evaluation
- Proof of expenses
- Proof of income
- Proof of insurance/insurance ID card
- Proof of residence
- Proof of resources
- Proof of student status
- Utility bill(s)
- None
- Other
  - If other, please describe

**23. Are there any other eligibility criteria for this program?**

### Program 3 - General

1. **Program Name:**
2. **Brief Program Overview:**
3. **Which office locations offer this program?:**
4. **Which counties/cities does this program serve?:**
5. **Days and Hours of Operation** *(if different from the organization days and hours):*
6. **Payment options for this program** *(Delete those that DON'T apply. Keep the ones that do!):*
  - Free
  - Insurance
    - Please list the insurance plans this program accepts (including both carrier and plan/insurance type).
  - Self-pay
  - Sliding Scale
7. **Accessibility options for this program** *(Delete those that DON'T apply):*
  - ADA accessible
  - Blind accommodation
  - Deaf and hard of hearing accommodation
  - Interpreter/translation services available
8. **Is transportation available (e.g. bus passes, gas cards, rides provided by your org) for clients enrolled in or applying for this program?** *(Delete the answer that DOESN'T apply):*
  - Yes *(if yes, please describe):*
  - No
9. **Primary method of service delivery** *(Delete those that DON'T apply):*
  - In home
  - In office
  - Web based
  - Phone based
10. **Are any languages other than English supported by and/or spoken at the program?** *(Delete the answer that DOESN'T apply):*
  - Yes *(if yes, which languages):*
  - No
11. **Please list the staff members you would like connected to this program:**
12. **Services the program directly provides and should receive referrals for** *(Unite Us categorizes programs into 20 total service types to assist providers in finding applicable services for their clients; you can reference the Unite Us Service Types Glossary to help categorize your program(s). Please choose the service type(s) that best fit the types of services your program directly provides and should receive referrals for.)* *(Delete those that DON'T apply):*
  - Benefits Navigation
    - Benefits Eligibility Screening
    - Health Insurance/Benefits
    - ID/Documentation Assistance
    - Immigration Services
  - Clothing & Household Goods
    - Appliances
    - Baby Supplies/Furniture
    - Clothing
    - Furniture
    - Houseware/Cookware
    - Phones/Electronics
    - Personal and Household Goods
  - Education
    - Computer/Technology Classes
  - Degrees/Certifications
    - Associate's Degree
    - Bachelor's Degree
    - Continuing Education
    - Doctorate Degree
    - GED
    - Master's Degree
    - Post-baccalaureate Programs
  - Early Childhood Education
  - Educational Support Services
  - Language Classes
  - Tuition Assistance
  - Employment
    - Career Skills Development
    - Internships/Work Experience

- Job Search/Placement
  - Job Training
- Entrepreneurship
  - Commercial Real Estate
  - Entrepreneurial Training
  - Fundraising and Financing
  - Pro Bono Business Attorneys
- Food Assistance
  - Emergency Food
  - Prepared Meals
  - School Meals
  - SNAP/WIC/Nutrition Benefits
- Housing & Shelter
  - Assisted Living
  - Emergency Housing
  - Home Expense Assistance/Repairs
  - Home Loans and Financing
  - House Applications/Re-certifications
  - Housing Mediation & Eviction Prevention
  - Moving Assistance
  - Permanent Housing
  - Rent/Mortgage Payment Assistance
  - Transitional Housing
- Income Support
  - Emergency/One-time Financial Assistance
  - SSI/SSD & Disability Benefits
  - TANF/Cash Assistance Programs
  - Unemployment Insurance
  - Veterans' Pension & Disability Benefits
- Individual & Family Support
  - Adult Day Programs
  - Caregiving Services
  - Case/Care Management
  - Child Care
  - Environmental Modifications/Accessibility
  - Holiday Programs
  - Interpretation Services
  - Life Coaching
  - Life Skills Training & Support
  - Mentoring
  - Parenting Education
  - Peer Support
  - Respite Care
  - Service Animals
  - Support Groups
- Legal
  - Bankruptcy Law
  - Consumer Rights & Debt Advocacy
  - Criminal Law
  - Education Law
  - Employment Law
  - Expungements
  - Family Law
  - Health Law
  - Housing Law
  - Immigration Law
  - Military Discharge Upgrade
  - Military Law
  - Public Benefits Advocacy
  - Tax Law
  - Veterans Benefits Advocacy
- Wills & Estates
- Mental/Behavioral Health
  - Behavioral Skills Training and Support
  - Conjoint Counseling
  - Crisis Intervention
  - Family Counseling
  - Group Counseling
  - Individual Counseling
  - Inpatient Mental Health
  - Mental Health Evaluation
  - Mental Health Expense Assistance
  - Mental Health Information/Education
  - Psychiatric Services
  - Supportive Therapies
  - Youth Mental Health Services
- Money Management
  - Financial Counseling
  - Financial Literacy Classes
  - Tax Preparation Services
- Physical Health
  - Chronic Disease Prevention & Management
  - Dental Care
  - Health Coaching
  - Home-based Care
  - Hospice & Palliative Care
  - Long Term Care (Facility-based)
  - Medical Case Management Services
  - Medical Equipment/Assistive Technology
  - Medical Expense Assistance
  - Primary Care
  - Rehabilitative/Habilitative Services
  - Screenings & Immunizations
  - Specialty Care
- Social Enrichment
  - Advocacy Groups
  - Arts & Crafts Classes
  - Cooking Classes
  - Leadership Development
  - Music Classes
  - Peer to Peer Networking
  - Professional Development
  - Special Interest Clubs
  - Volunteer Opportunities
  - Youth Development
- Spiritual Enrichment
- Sports & Recreation
  - Adaptive Sports
  - Boating/Water Activities
  - Exercise Classes/Groups
  - Extreme Sports
  - Individual/Team Sports
  - Martial Arts
  - Outdoor Activities
  - Snow Sports
- Substance Use
  - Drug/Alcohol Testing
  - Harm Reduction
  - Substance Use Counseling
  - Substance Use Expense Assistance
  - Substance Use Recovery Support
  - Substance Use Treatment



- Tobacco Cessation
- Transportation
  - Ride Coordination
  - Transportation Expense Assistance
  - Transportation Passes/Vouchers
- Utilities
  - Home Energy/Utilities Benefits
  - Utility Bill Payment Assistance
- Wellness
  - Alternative Medicine
  - Health Literacy Classes
  - Mindfulness and Meditation
  - Nutrition Education & Counseling
  - Therapeutic Programs & Retreats
  - Wellness Expense Assistance

### Program 3 - Eligibility

*If the program eligibility is the same as a previous program, indicate which below and leave section blank:*

13. Are any residency requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe):
  - No
14. Are there any income requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Is there a maximum % AMI (Area Median Income) or % FPL (Federal Poverty Line) for eligibility?
    - Are income requirements based on the head of household/client seeking services, or on the entire household's income?
  - No
15. Is U.S. citizenship or a particular immigration status required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe which statuses clients can have to be eligible):
  - No
16. Does the program require the client to be able to work? *(Delete the answer that DOESN'T apply):*
- Yes
  - No
17. Is a disability required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Who must have the disability? (e.g. head of household, any household member)
    - Does the disability need to be documented?
    - What kinds of disabilities are eligible/not eligible?
  - No
18. Is there an age requirement for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe the age requirement):
  - No
19. Population(s) that the program is restricted to serving *(If your program is limited to serving specific populations (i.e. cannot serve any other populations besides these due to grant requirements, etc.), please select those populations you serve below. Please avoid selecting all.) (Delete those that DON'T apply):*
- Can serve all populations
  - Adolescents (13-19 years)
  - Caregivers (non-paternal)
  - Children (4-12 years)
  - Domestic violence survivors
  - Homebound
  - Homeless
  - Immigrants and refugees
  - Infants and toddlers (0-3 years)
  - Justice-involved
  - LGBTQ+
  - Low-income individuals and households
  - Native Americans or Alaska Natives
  - People with cognitive disabilities
  - People with developmental disabilities
  - People with HIV/AIDS

- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If Other, please describe

**20. If limited to a particular population, are any family or household members eligible for the program?**

*(Delete the answer that DOESN'T apply):*

- Yes (if yes, who is eligible for the program): *(Delete those that DON'T apply):*
  - Spouse
  - Dependents
  - Any Household Members
  - Other (if other, please describe)
- No

**21. Population(s) that the program specializes in serving** *(If your program specializes in serving a specific population(s) (i.e. has developed expertise in serving specific population(s) but can serve others outside of the population), please select those populations below. Please avoid selecting all.) (Delete those that DON'T apply):*

- Can serve all populations
- Adolescents (13-19 years)
- Caregivers (non-paternal)
- Children (4-12 years)
- Domestic violence survivors
- Homebound
- Homeless
- Immigrants and refugees
- Infants and toddlers (0-3 years)
- Justice-involved
- LGBTQ+
- Low-income individuals and households
- Native Americans or Alaska Natives
- People with cognitive disabilities
- People with developmental disabilities
- People with HIV/AIDS
- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If other, please describe

**22. If applicable, please select the documents needed to participate in the program** *(Delete those that DON'T apply):*

- Birth certificate
- Death certificate
- DD-214
- Eviction notice
- Employment Authorization Document
- Government-issued ID
- Proof of citizenship/immigration status
- Proof of disability
- Proof of diagnosis/psychological evaluation
- Proof of expenses
- Proof of income
- Proof of insurance/insurance ID card
- Proof of residence
- Proof of resources
- Proof of student status
- Utility bill(s)
- None
- Other
  - If other, please describe

**23. Are there any other eligibility criteria for this program?**

## Program 4 - General

1. **Program Name:**
2. **Brief Program Overview:**
3. **Which office locations offer this program?:**
4. **Which counties/cities does this program serve?:**
5. **Days and Hours of Operation** *(if different from the organization days and hours):*
6. **Payment options for this program** *(Delete those that DON'T apply. Keep the ones that do!):*
  - Free
  - Insurance
    - Please list the insurance plans this program accepts (including both carrier and plan/insurance type).
  - Self-pay
  - Sliding Scale
7. **Accessibility options for this program** *(Delete those that DON'T apply):*
  - ADA accessible
  - Blind accommodation
  - Deaf and hard of hearing accommodation
  - Interpreter/translation services available
8. **Is transportation available (e.g. bus passes, gas cards, rides provided by your org) for clients enrolled in or applying for this program?** *(Delete the answer that DOESN'T apply):*
  - Yes *(if yes, please describe):*
  - No
9. **Primary method of service delivery** *(Delete those that DON'T apply):*
  - In home
  - In office
  - Web based
  - Phone based
10. **Are any languages other than English supported by and/or spoken at the program?** *(Delete the answer that DOESN'T apply):*
  - Yes *(if yes, which languages):*
  - No
11. **Please list the staff members you would like connected to this program:**
12. **Services the program directly provides and should receive referrals for** *(Unite Us categorizes programs into 20 total service types to assist providers in finding applicable services for their clients; you can reference the Unite Us Service Types Glossary to help categorize your program(s). Please choose the service type(s) that best fit the types of services your program directly provides and should receive referrals for.) (Delete those that DON'T apply):*
  - Benefits Navigation
    - Benefits Eligibility Screening
    - Health Insurance/Benefits
    - ID/Documentation Assistance
    - Immigration Services
  - Clothing & Household Goods
    - Appliances
    - Baby Supplies/Furniture
    - Clothing
    - Furniture
    - Houseware/Cookware
    - Phones/Electronics
    - Personal and Household Goods
  - Education
    - Computer/Technology Classes
  - Degrees/Certifications
    - Associate's Degree
    - Bachelor's Degree
    - Continuing Education
    - Doctorate Degree
    - GED
    - Master's Degree
    - Post-baccalaureate Programs
  - Early Childhood Education
  - Educational Support Services
  - Language Classes
  - Tuition Assistance
  - Employment
    - Career Skills Development
    - Internships/Work Experience

- Job Search/Placement
  - Job Training
- Entrepreneurship
  - Commercial Real Estate
  - Entrepreneurial Training
  - Fundraising and Financing
  - Pro Bono Business Attorneys
- Food Assistance
  - Emergency Food
  - Prepared Meals
  - School Meals
  - SNAP/WIC/Nutrition Benefits
- Housing & Shelter
  - Assisted Living
  - Emergency Housing
  - Home Expense Assistance/Repairs
  - Home Loans and Financing
  - House Applications/Re-certifications
  - Housing Mediation & Eviction Prevention
  - Moving Assistance
  - Permanent Housing
  - Rent/Mortgage Payment Assistance
  - Transitional Housing
- Income Support
  - Emergency/One-time Financial Assistance
  - SSI/SSD & Disability Benefits
  - TANF/Cash Assistance Programs
  - Unemployment Insurance
  - Veterans' Pension & Disability Benefits
- Individual & Family Support
  - Adult Day Programs
  - Caregiving Services
  - Case/Care Management
  - Child Care
  - Environmental Modifications/Accessibility
  - Holiday Programs
  - Interpretation Services
  - Life Coaching
  - Life Skills Training & Support
  - Mentoring
  - Parenting Education
  - Peer Support
  - Respite Care
  - Service Animals
  - Support Groups
- Legal
  - Bankruptcy Law
  - Consumer Rights & Debt Advocacy
  - Criminal Law
  - Education Law
  - Employment Law
  - Expungements
  - Family Law
  - Health Law
  - Housing Law
  - Immigration Law
  - Military Discharge Upgrade
  - Military Law
  - Public Benefits Advocacy
  - Tax Law
  - Veterans Benefits Advocacy
- Wills & Estates
- Mental/Behavioral Health
  - Behavioral Skills Training and Support
  - Conjoint Counseling
  - Crisis Intervention
  - Family Counseling
  - Group Counseling
  - Individual Counseling
  - Inpatient Mental Health
  - Mental Health Evaluation
  - Mental Health Expense Assistance
  - Mental Health Information/Education
  - Psychiatric Services
  - Supportive Therapies
  - Youth Mental Health Services
- Money Management
  - Financial Counseling
  - Financial Literacy Classes
  - Tax Preparation Services
- Physical Health
  - Chronic Disease Prevention & Management
  - Dental Care
  - Health Coaching
  - Home-based Care
  - Hospice & Palliative Care
  - Long Term Care (Facility-based)
  - Medical Case Management Services
  - Medical Equipment/Assistive Technology
  - Medical Expense Assistance
  - Primary Care
  - Rehabilitative/Habilitative Services
  - Screenings & Immunizations
  - Specialty Care
- Social Enrichment
  - Advocacy Groups
  - Arts & Crafts Classes
  - Cooking Classes
  - Leadership Development
  - Music Classes
  - Peer to Peer Networking
  - Professional Development
  - Special Interest Clubs
  - Volunteer Opportunities
  - Youth Development
- Spiritual Enrichment
- Sports & Recreation
  - Adaptive Sports
  - Boating/Water Activities
  - Exercise Classes/Groups
  - Extreme Sports
  - Individual/Team Sports
  - Martial Arts
  - Outdoor Activities
  - Snow Sports
- Substance Use
  - Drug/Alcohol Testing
  - Harm Reduction
  - Substance Use Counseling
  - Substance Use Expense Assistance
  - Substance Use Recovery Support
  - Substance Use Treatment

- Tobacco Cessation
- Transportation
  - Ride Coordination
  - Transportation Expense Assistance
  - Transportation Passes/Vouchers
- Utilities
  - Home Energy/Utilities Benefits
  - Utility Bill Payment Assistance
- Wellness
  - Alternative Medicine
  - Health Literacy Classes
  - Mindfulness and Meditation
  - Nutrition Education & Counseling
  - Therapeutic Programs & Retreats
  - Wellness Expense Assistance

#### Program 4 - Eligibility

*If the program eligibility is the same as a previous program, indicate which below and leave section blank:*

13. Are any residency requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe):
  - No
14. Are there any income requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Is there a maximum % AMI (Area Median Income) or % FPL (Federal Poverty Line) for eligibility?
    - Are income requirements based on the head of household/client seeking services, or on the entire household's income?
  - No
15. Is U.S. citizenship or a particular immigration status required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe which statuses clients can have to be eligible):
  - No
16. Does the program require the client to be able to work? *(Delete the answer that DOESN'T apply):*
- Yes
  - No
17. Is a disability required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Who must have the disability? (e.g. head of household, any household member)
    - Does the disability need to be documented?
    - What kinds of disabilities are eligible/not eligible?
  - No
18. Is there an age requirement for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe the age requirement):
  - No
19. Population(s) that the program is restricted to serving *(If your program is limited to serving specific populations (i.e. cannot serve any other populations besides these due to grant requirements, etc.), please select those populations you serve below. Please avoid selecting all.) (Delete those that DON'T apply):*
- Can serve all populations
  - Adolescents (13-19 years)
  - Caregivers (non-paternal)
  - Children (4-12 years)
  - Domestic violence survivors
  - Homebound
  - Homeless
  - Immigrants and refugees
  - Infants and toddlers (0-3 years)
  - Justice-involved
  - LGBTQ+
  - Low-income individuals and households
  - Native Americans or Alaska Natives
  - People with cognitive disabilities
  - People with developmental disabilities
  - People with HIV/AIDS

- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If Other, please describe

**20. If limited to a particular population, are any family or household members eligible for the program?**

*(Delete the answer that DOESN'T apply):*

- Yes (if yes, who is eligible for the program): *(Delete those that DON'T apply):*
  - Spouse
  - Dependents
  - Any Household Members
  - Other (if other, please describe)
- No

**21. Population(s) that the program specializes in serving** *(If your program specializes in serving a specific population(s) (i.e. has developed expertise in serving specific population(s) but can serve others outside of the population), please select those populations below. Please avoid selecting all.) (Delete those that DON'T apply):*

- Can serve all populations
- Adolescents (13-19 years)
- Caregivers (non-paternal)
- Children (4-12 years)
- Domestic violence survivors
- Homebound
- Homeless
- Immigrants and refugees
- Infants and toddlers (0-3 years)
- Justice-involved
- LGBTQ+
- Low-income individuals and households
- Native Americans or Alaska Natives
- People with cognitive disabilities
- People with developmental disabilities
- People with HIV/AIDS
- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If other, please describe

**22. If applicable, please select the documents needed to participate in the program** *(Delete those that DON'T apply):*

- Birth certificate
- Death certificate
- DD-214
- Eviction notice
- Employment Authorization Document
- Government-issued ID
- Proof of citizenship/immigration status
- Proof of disability
- Proof of diagnosis/psychological evaluation
- Proof of expenses
- Proof of income
- Proof of insurance/insurance ID card
- Proof of residence
- Proof of resources
- Proof of student status
- Utility bill(s)
- None
- Other
  - If other, please describe

**23. Are there any other eligibility criteria for this program?**

## Program 5 - General

1. **Program Name:**
2. **Brief Program Overview:**
3. **Which office locations offer this program?:**
4. **Which counties/cities does this program serve?:**
5. **Days and Hours of Operation** *(if different from the organization days and hours):*
6. **Payment options for this program** *(Delete those that DON'T apply. Keep the ones that do!):*
  - Free
  - Insurance
    - Please list the insurance plans this program accepts (including both carrier and plan/insurance type).
  - Self-pay
  - Sliding Scale
7. **Accessibility options for this program** *(Delete those that DON'T apply):*
  - ADA accessible
  - Blind accommodation
  - Deaf and hard of hearing accommodation
  - Interpreter/translation services available
8. **Is transportation available (e.g. bus passes, gas cards, rides provided by your org) for clients enrolled in or applying for this program?** *(Delete the answer that DOESN'T apply):*
  - Yes *(if yes, please describe):*
  - No
9. **Primary method of service delivery** *(Delete those that DON'T apply):*
  - In home
  - In office
  - Web based
  - Phone based
10. **Are any languages other than English supported by and/or spoken at the program?** *(Delete the answer that DOESN'T apply):*
  - Yes *(if yes, which languages):*
  - No
11. **Please list the staff members you would like connected to this program:**
12. **Services the program directly provides and should receive referrals for** *(Unite Us categorizes programs into 20 total service types to assist providers in finding applicable services for their clients; you can reference the Unite Us Service Types Glossary to help categorize your program(s). Please choose the service type(s) that best fit the types of services your program directly provides and should receive referrals for.)* *(Delete those that DON'T apply):*
  - Benefits Navigation
    - Benefits Eligibility Screening
    - Health Insurance/Benefits
    - ID/Documentation Assistance
    - Immigration Services
  - Clothing & Household Goods
    - Appliances
    - Baby Supplies/Furniture
    - Clothing
    - Furniture
    - Houseware/Cookware
    - Phones/Electronics
    - Personal and Household Goods
  - Education
    - Computer/Technology Classes
  - Degrees/Certifications
    - Associate's Degree
    - Bachelor's Degree
    - Continuing Education
    - Doctorate Degree
    - GED
    - Master's Degree
    - Post-baccalaureate Programs
  - Early Childhood Education
  - Educational Support Services
  - Language Classes
  - Tuition Assistance
  - Employment
    - Career Skills Development
    - Internships/Work Experience

- Job Search/Placement
  - Job Training
- Entrepreneurship
  - Commercial Real Estate
  - Entrepreneurial Training
  - Fundraising and Financing
  - Pro Bono Business Attorneys
- Food Assistance
  - Emergency Food
  - Prepared Meals
  - School Meals
  - SNAP/WIC/Nutrition Benefits
- Housing & Shelter
  - Assisted Living
  - Emergency Housing
  - Home Expense Assistance/Repairs
  - Home Loans and Financing
  - House Applications/Re-certifications
  - Housing Mediation & Eviction Prevention
  - Moving Assistance
  - Permanent Housing
  - Rent/Mortgage Payment Assistance
  - Transitional Housing
- Income Support
  - Emergency/One-time Financial Assistance
  - SSI/SSD & Disability Benefits
  - TANF/Cash Assistance Programs
  - Unemployment Insurance
  - Veterans' Pension & Disability Benefits
- Individual & Family Support
  - Adult Day Programs
  - Caregiving Services
  - Case/Care Management
  - Child Care
  - Environmental Modifications/Accessibility
  - Holiday Programs
  - Interpretation Services
  - Life Coaching
  - Life Skills Training & Support
  - Mentoring
  - Parenting Education
  - Peer Support
  - Respite Care
  - Service Animals
  - Support Groups
- Legal
  - Bankruptcy Law
  - Consumer Rights & Debt Advocacy
  - Criminal Law
  - Education Law
  - Employment Law
  - Expungements
  - Family Law
  - Health Law
  - Housing Law
  - Immigration Law
  - Military Discharge Upgrade
  - Military Law
  - Public Benefits Advocacy
  - Tax Law
  - Veterans Benefits Advocacy
- Wills & Estates
- Mental/Behavioral Health
  - Behavioral Skills Training and Support
  - Conjoint Counseling
  - Crisis Intervention
  - Family Counseling
  - Group Counseling
  - Individual Counseling
  - Inpatient Mental Health
  - Mental Health Evaluation
  - Mental Health Expense Assistance
  - Mental Health Information/Education
  - Psychiatric Services
  - Supportive Therapies
  - Youth Mental Health Services
- Money Management
  - Financial Counseling
  - Financial Literacy Classes
  - Tax Preparation Services
- Physical Health
  - Chronic Disease Prevention & Management
  - Dental Care
  - Health Coaching
  - Home-based Care
  - Hospice & Palliative Care
  - Long Term Care (Facility-based)
  - Medical Case Management Services
  - Medical Equipment/Assistive Technology
  - Medical Expense Assistance
  - Primary Care
  - Rehabilitative/Habilitative Services
  - Screenings & Immunizations
  - Specialty Care
- Social Enrichment
  - Advocacy Groups
  - Arts & Crafts Classes
  - Cooking Classes
  - Leadership Development
  - Music Classes
  - Peer to Peer Networking
  - Professional Development
  - Special Interest Clubs
  - Volunteer Opportunities
  - Youth Development
- Spiritual Enrichment
- Sports & Recreation
  - Adaptive Sports
  - Boating/Water Activities
  - Exercise Classes/Groups
  - Extreme Sports
  - Individual/Team Sports
  - Martial Arts
  - Outdoor Activities
  - Snow Sports
- Substance Use
  - Drug/Alcohol Testing
  - Harm Reduction
  - Substance Use Counseling
  - Substance Use Expense Assistance
  - Substance Use Recovery Support
  - Substance Use Treatment



- Tobacco Cessation
- Transportation
  - Ride Coordination
  - Transportation Expense Assistance
  - Transportation Passes/Vouchers
- Utilities
  - Home Energy/Utilities Benefits
  - Utility Bill Payment Assistance
- Wellness
  - Alternative Medicine
  - Health Literacy Classes
  - Mindfulness and Meditation
  - Nutrition Education & Counseling
  - Therapeutic Programs & Retreats
  - Wellness Expense Assistance

## Program 5 - Eligibility

If the program eligibility is the same as a previous program, indicate which below and leave section blank:

13. Are any residency requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe):
  - No
14. Are there any income requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Is there a maximum % AMI (Area Median Income) or % FPL (Federal Poverty Line) for eligibility?
    - Are income requirements based on the head of household/client seeking services, or on the entire household's income?
  - No
15. Is U.S. citizenship or a particular immigration status required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe which statuses clients can have to be eligible):
  - No
16. Does the program require the client to be able to work? *(Delete the answer that DOESN'T apply):*
- Yes
  - No
17. Is a disability required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Who must have the disability? (e.g. head of household, any household member)
    - Does the disability need to be documented?
    - What kinds of disabilities are eligible/not eligible?
  - No
18. Is there an age requirement for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe the age requirement):
  - No
19. Population(s) that the program is restricted to serving (If your program is limited to serving specific populations (i.e. cannot serve any other populations besides these due to grant requirements, etc.), please select those populations you serve below. Please avoid selecting all.) *(Delete those that DON'T apply):*
- Can serve all populations
  - Adolescents (13-19 years)
  - Caregivers (non-paternal)
  - Children (4-12 years)
  - Domestic violence survivors
  - Homebound
  - Homeless
  - Immigrants and refugees
  - Infants and toddlers (0-3 years)
  - Justice-involved
  - LGBTQ+
  - Low-income individuals and households
  - Native Americans or Alaska Natives
  - People with cognitive disabilities
  - People with developmental disabilities
  - People with HIV/AIDS

- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If Other, please describe

**20. If limited to a particular population, are any family or household members eligible for the program?**

*(Delete the answer that DOESN'T apply):*

- Yes (if yes, who is eligible for the program): *(Delete those that DON'T apply):*
  - Spouse
  - Dependents
  - Any Household Members
  - Other (if other, please describe)
- No

**21. Population(s) that the program specializes in serving** *(If your program specializes in serving a specific population(s) (i.e. has developed expertise in serving specific population(s) but can serve others outside of the population), please select those populations below. Please avoid selecting all.) (Delete those that DON'T apply):*

- Can serve all populations
- Adolescents (13-19 years)
- Caregivers (non-paternal)
- Children (4-12 years)
- Domestic violence survivors
- Homebound
- Homeless
- Immigrants and refugees
- Infants and toddlers (0-3 years)
- Justice-involved
- LGBTQ+
- Low-income individuals and households
- Native Americans or Alaska Natives
- People with cognitive disabilities
- People with developmental disabilities
- People with HIV/AIDS
- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If other, please describe

**22. If applicable, please select the documents needed to participate in the program** *(Delete those that DON'T apply):*

- Birth certificate
- Death certificate
- DD-214
- Eviction notice
- Employment Authorization Document
- Government-issued ID
- Proof of citizenship/immigration status
- Proof of disability
- Proof of diagnosis/psychological evaluation
- Proof of expenses
- Proof of income
- Proof of insurance/insurance ID card
- Proof of residence
- Proof of resources
- Proof of student status
- Utility bill(s)
- None
- Other
  - If other, please describe

**23. Are there any other eligibility criteria for this program?**

## Program 6 - General

1. **Program Name:**
2. **Brief Program Overview:**
3. **Which office locations offer this program?:**
4. **Which counties/cities does this program serve?:**
5. **Days and Hours of Operation** *(if different from the organization days and hours):*
6. **Payment options for this program** *(Delete those that DON'T apply. Keep the ones that do!):*
  - Free
  - Insurance
    - Please list the insurance plans this program accepts (including both carrier and plan/insurance type).
  - Self-pay
  - Sliding Scale
7. **Accessibility options for this program** *(Delete those that DON'T apply):*
  - ADA accessible
  - Blind accommodation
  - Deaf and hard of hearing accommodation
  - Interpreter/translation services available
8. **Is transportation available (e.g. bus passes, gas cards, rides provided by your org) for clients enrolled in or applying for this program?** *(Delete the answer that DOESN'T apply):*
  - Yes *(if yes, please describe):*
  - No
9. **Primary method of service delivery** *(Delete those that DON'T apply):*
  - In home
  - In office
  - Web based
  - Phone based
10. **Are any languages other than English supported by and/or spoken at the program?** *(Delete the answer that DOESN'T apply):*
  - Yes *(if yes, which languages):*
  - No
11. **Please list the staff members you would like connected to this program:**
12. **Services the program directly provides and should receive referrals for** *(Unite Us categorizes programs into 20 total service types to assist providers in finding applicable services for their clients; you can reference the Unite Us Service Types Glossary to help categorize your program(s). Please choose the service type(s) that best fit the types of services your program directly provides and should receive referrals for.) (Delete those that DON'T apply):*
  - Benefits Navigation
    - Benefits Eligibility Screening
    - Health Insurance/Benefits
    - ID/Documentation Assistance
    - Immigration Services
  - Clothing & Household Goods
    - Appliances
    - Baby Supplies/Furniture
    - Clothing
    - Furniture
    - Houseware/Cookware
    - Phones/Electronics
    - Personal and Household Goods
  - Education
    - Computer/Technology Classes
  - Degrees/Certifications
    - Associate's Degree
    - Bachelor's Degree
    - Continuing Education
    - Doctorate Degree
    - GED
    - Master's Degree
    - Post-baccalaureate Programs
  - Early Childhood Education
  - Educational Support Services
  - Language Classes
  - Tuition Assistance
  - Employment
    - Career Skills Development
    - Internships/Work Experience

- Job Search/Placement
  - Job Training
- Entrepreneurship
  - Commercial Real Estate
  - Entrepreneurial Training
  - Fundraising and Financing
  - Pro Bono Business Attorneys
- Food Assistance
  - Emergency Food
  - Prepared Meals
  - School Meals
  - SNAP/WIC/Nutrition Benefits
- Housing & Shelter
  - Assisted Living
  - Emergency Housing
  - Home Expense Assistance/Repairs
  - Home Loans and Financing
  - House Applications/Re-certifications
  - Housing Mediation & Eviction Prevention
  - Moving Assistance
  - Permanent Housing
  - Rent/Mortgage Payment Assistance
  - Transitional Housing
- Income Support
  - Emergency/One-time Financial Assistance
  - SSI/SSD & Disability Benefits
  - TANF/Cash Assistance Programs
  - Unemployment Insurance
  - Veterans' Pension & Disability Benefits
- Individual & Family Support
  - Adult Day Programs
  - Caregiving Services
  - Case/Care Management
  - Child Care
  - Environmental Modifications/Accessibility
  - Holiday Programs
  - Interpretation Services
  - Life Coaching
  - Life Skills Training & Support
  - Mentoring
  - Parenting Education
  - Peer Support
  - Respite Care
  - Service Animals
  - Support Groups
- Legal
  - Bankruptcy Law
  - Consumer Rights & Debt Advocacy
  - Criminal Law
  - Education Law
  - Employment Law
  - Expungements
  - Family Law
  - Health Law
  - Housing Law
  - Immigration Law
  - Military Discharge Upgrade
  - Military Law
  - Public Benefits Advocacy
  - Tax Law
  - Veterans Benefits Advocacy
- Wills & Estates
- Mental/Behavioral Health
  - Behavioral Skills Training and Support
  - Conjoint Counseling
  - Crisis Intervention
  - Family Counseling
  - Group Counseling
  - Individual Counseling
  - Inpatient Mental Health
  - Mental Health Evaluation
  - Mental Health Expense Assistance
  - Mental Health Information/Education
  - Psychiatric Services
  - Supportive Therapies
  - Youth Mental Health Services
- Money Management
  - Financial Counseling
  - Financial Literacy Classes
  - Tax Preparation Services
- Physical Health
  - Chronic Disease Prevention & Management
  - Dental Care
  - Health Coaching
  - Home-based Care
  - Hospice & Palliative Care
  - Long Term Care (Facility-based)
  - Medical Case Management Services
  - Medical Equipment/Assistive Technology
  - Medical Expense Assistance
  - Primary Care
  - Rehabilitative/Habilitative Services
  - Screenings & Immunizations
  - Specialty Care
- Social Enrichment
  - Advocacy Groups
  - Arts & Crafts Classes
  - Cooking Classes
  - Leadership Development
  - Music Classes
  - Peer to Peer Networking
  - Professional Development
  - Special Interest Clubs
  - Volunteer Opportunities
  - Youth Development
- Spiritual Enrichment
- Sports & Recreation
  - Adaptive Sports
  - Boating/Water Activities
  - Exercise Classes/Groups
  - Extreme Sports
  - Individual/Team Sports
  - Martial Arts
  - Outdoor Activities
  - Snow Sports
- Substance Use
  - Drug/Alcohol Testing
  - Harm Reduction
  - Substance Use Counseling
  - Substance Use Expense Assistance
  - Substance Use Recovery Support
  - Substance Use Treatment

- Tobacco Cessation
- Transportation
  - Ride Coordination
  - Transportation Expense Assistance
  - Transportation Passes/Vouchers
- Utilities
  - Home Energy/Utilities Benefits
  - Utility Bill Payment Assistance
- Wellness
  - Alternative Medicine
  - Health Literacy Classes
  - Mindfulness and Meditation
  - Nutrition Education & Counseling
  - Therapeutic Programs & Retreats
  - Wellness Expense Assistance

## Program 6 - Eligibility

If the program eligibility is the same as a previous program, indicate which below and leave section blank:

13. Are any residency requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe):
  - No
14. Are there any income requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Is there a maximum % AMI (Area Median Income) or % FPL (Federal Poverty Line) for eligibility?
    - Are income requirements based on the head of household/client seeking services, or on the entire household's income?
  - No
15. Is U.S. citizenship or a particular immigration status required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe which statuses clients can have to be eligible):
  - No
16. Does the program require the client to be able to work? *(Delete the answer that DOESN'T apply):*
- Yes
  - No
17. Is a disability required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Who must have the disability? (e.g. head of household, any household member)
    - Does the disability need to be documented?
    - What kinds of disabilities are eligible/not eligible?
  - No
18. Is there an age requirement for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe the age requirement):
  - No
19. Population(s) that the program is restricted to serving (If your program is limited to serving specific populations (i.e. cannot serve any other populations besides these due to grant requirements, etc.), please select those populations you serve below. Please avoid selecting all.) *(Delete those that DON'T apply):*
- Can serve all populations
  - Adolescents (13-19 years)
  - Caregivers (non-paternal)
  - Children (4-12 years)
  - Domestic violence survivors
  - Homebound
  - Homeless
  - Immigrants and refugees
  - Infants and toddlers (0-3 years)
  - Justice-involved
  - LGBTQ+
  - Low-income individuals and households
  - Native Americans or Alaska Natives
  - People with cognitive disabilities
  - People with developmental disabilities
  - People with HIV/AIDS

- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If Other, please describe

**20. If limited to a particular population, are any family or household members eligible for the program?**

*(Delete the answer that DOESN'T apply):*

- Yes (if yes, who is eligible for the program): *(Delete those that DON'T apply):*
  - Spouse
  - Dependents
  - Any Household Members
  - Other (if other, please describe)
- No

**21. Population(s) that the program specializes in serving** *(If your program specializes in serving a specific population(s) (i.e. has developed expertise in serving specific population(s) but can serve others outside of the population), please select those populations below. Please avoid selecting all.) (Delete those that DON'T apply):*

- Can serve all populations
- Adolescents (13-19 years)
- Caregivers (non-paternal)
- Children (4-12 years)
- Domestic violence survivors
- Homebound
- Homeless
- Immigrants and refugees
- Infants and toddlers (0-3 years)
- Justice-involved
- LGBTQ+
- Low-income individuals and households
- Native Americans or Alaska Natives
- People with cognitive disabilities
- People with developmental disabilities
- People with HIV/AIDS
- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If other, please describe

**22. If applicable, please select the documents needed to participate in the program** *(Delete those that DON'T apply):*

- Birth certificate
- Death certificate
- DD-214
- Eviction notice
- Employment Authorization Document
- Government-issued ID
- Proof of citizenship/immigration status
- Proof of disability
- Proof of diagnosis/psychological evaluation
- Proof of expenses
- Proof of income
- Proof of insurance/insurance ID card
- Proof of residence
- Proof of resources
- Proof of student status
- Utility bill(s)
- None
- Other
  - If other, please describe

**23. Are there any other eligibility criteria for this program?**

## Program 7 - General

1. **Program Name:**
2. **Brief Program Overview:**
3. **Which office locations offer this program?:**
4. **Which counties/cities does this program serve?:**
5. **Days and Hours of Operation** *(if different from the organization days and hours):*
6. **Payment options for this program** *(Delete those that DON'T apply. Keep the ones that do!):*
  - Free
  - Insurance
    - Please list the insurance plans this program accepts (including both carrier and plan/insurance type).
  - Self-pay
  - Sliding Scale
7. **Accessibility options for this program** *(Delete those that DON'T apply):*
  - ADA accessible
  - Blind accommodation
  - Deaf and hard of hearing accommodation
  - Interpreter/translation services available
8. **Is transportation available (e.g. bus passes, gas cards, rides provided by your org) for clients enrolled in or applying for this program?** *(Delete the answer that DOESN'T apply):*
  - Yes *(if yes, please describe):*
  - No
9. **Primary method of service delivery** *(Delete those that DON'T apply):*
  - In home
  - In office
  - Web based
  - Phone based
10. **Are any languages other than English supported by and/or spoken at the program?** *(Delete the answer that DOESN'T apply):*
  - Yes *(if yes, which languages):*
  - No
11. **Please list the staff members you would like connected to this program:**
12. **Services the program directly provides and should receive referrals for** *(Unite Us categorizes programs into 20 total service types to assist providers in finding applicable services for their clients; you can reference the Unite Us Service Types Glossary to help categorize your program(s). Please choose the service type(s) that best fit the types of services your program directly provides and should receive referrals for.)* *(Delete those that DON'T apply):*
  - Benefits Navigation
    - Benefits Eligibility Screening
    - Health Insurance/Benefits
    - ID/Documentation Assistance
    - Immigration Services
  - Clothing & Household Goods
    - Appliances
    - Baby Supplies/Furniture
    - Clothing
    - Furniture
    - Houseware/Cookware
    - Phones/Electronics
    - Personal and Household Goods
  - Education
    - Computer/Technology Classes
  - Degrees/Certifications
    - Associate's Degree
    - Bachelor's Degree
    - Continuing Education
    - Doctorate Degree
    - GED
    - Master's Degree
    - Post-baccalaureate Programs
  - Early Childhood Education
  - Educational Support Services
  - Language Classes
  - Tuition Assistance
  - Employment
    - Career Skills Development
    - Internships/Work Experience

- Job Search/Placement
  - Job Training
- Entrepreneurship
  - Commercial Real Estate
  - Entrepreneurial Training
  - Fundraising and Financing
  - Pro Bono Business Attorneys
- Food Assistance
  - Emergency Food
  - Prepared Meals
  - School Meals
  - SNAP/WIC/Nutrition Benefits
- Housing & Shelter
  - Assisted Living
  - Emergency Housing
  - Home Expense Assistance/Repairs
  - Home Loans and Financing
  - House Applications/Re-certifications
  - Housing Mediation & Eviction Prevention
  - Moving Assistance
  - Permanent Housing
  - Rent/Mortgage Payment Assistance
  - Transitional Housing
- Income Support
  - Emergency/One-time Financial Assistance
  - SSI/SSD & Disability Benefits
  - TANF/Cash Assistance Programs
  - Unemployment Insurance
  - Veterans' Pension & Disability Benefits
- Individual & Family Support
  - Adult Day Programs
  - Caregiving Services
  - Case/Care Management
  - Child Care
  - Environmental Modifications/Accessibility
  - Holiday Programs
  - Interpretation Services
  - Life Coaching
  - Life Skills Training & Support
  - Mentoring
  - Parenting Education
  - Peer Support
  - Respite Care
  - Service Animals
  - Support Groups
- Legal
  - Bankruptcy Law
  - Consumer Rights & Debt Advocacy
  - Criminal Law
  - Education Law
  - Employment Law
  - Expungements
  - Family Law
  - Health Law
  - Housing Law
  - Immigration Law
  - Military Discharge Upgrade
  - Military Law
  - Public Benefits Advocacy
  - Tax Law
  - Veterans Benefits Advocacy
- Wills & Estates
- Mental/Behavioral Health
  - Behavioral Skills Training and Support
  - Conjoint Counseling
  - Crisis Intervention
  - Family Counseling
  - Group Counseling
  - Individual Counseling
  - Inpatient Mental Health
  - Mental Health Evaluation
  - Mental Health Expense Assistance
  - Mental Health Information/Education
  - Psychiatric Services
  - Supportive Therapies
  - Youth Mental Health Services
- Money Management
  - Financial Counseling
  - Financial Literacy Classes
  - Tax Preparation Services
- Physical Health
  - Chronic Disease Prevention & Management
  - Dental Care
  - Health Coaching
  - Home-based Care
  - Hospice & Palliative Care
  - Long Term Care (Facility-based)
  - Medical Case Management Services
  - Medical Equipment/Assistive Technology
  - Medical Expense Assistance
  - Primary Care
  - Rehabilitative/Habilitative Services
  - Screenings & Immunizations
  - Specialty Care
- Social Enrichment
  - Advocacy Groups
  - Arts & Crafts Classes
  - Cooking Classes
  - Leadership Development
  - Music Classes
  - Peer to Peer Networking
  - Professional Development
  - Special Interest Clubs
  - Volunteer Opportunities
  - Youth Development
- Spiritual Enrichment
- Sports & Recreation
  - Adaptive Sports
  - Boating/Water Activities
  - Exercise Classes/Groups
  - Extreme Sports
  - Individual/Team Sports
  - Martial Arts
  - Outdoor Activities
  - Snow Sports
- Substance Use
  - Drug/Alcohol Testing
  - Harm Reduction
  - Substance Use Counseling
  - Substance Use Expense Assistance
  - Substance Use Recovery Support
  - Substance Use Treatment



- Tobacco Cessation
- Transportation
  - Ride Coordination
  - Transportation Expense Assistance
  - Transportation Passes/Vouchers
- Utilities
  - Home Energy/Utilities Benefits
  - Utility Bill Payment Assistance
- Wellness
  - Alternative Medicine
  - Health Literacy Classes
  - Mindfulness and Meditation
  - Nutrition Education & Counseling
  - Therapeutic Programs & Retreats
  - Wellness Expense Assistance

## Program 7 - Eligibility

If the program eligibility is the same as a previous program, indicate which below and leave section blank:

13. Are any residency requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe):
  - No
14. Are there any income requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Is there a maximum % AMI (Area Median Income) or % FPL (Federal Poverty Line) for eligibility?
    - Are income requirements based on the head of household/client seeking services, or on the entire household's income?
  - No
15. Is U.S. citizenship or a particular immigration status required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe which statuses clients can have to be eligible):
  - No
16. Does the program require the client to be able to work? *(Delete the answer that DOESN'T apply):*
- Yes
  - No
17. Is a disability required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Who must have the disability? (e.g. head of household, any household member)
    - Does the disability need to be documented?
    - What kinds of disabilities are eligible/not eligible?
  - No
18. Is there an age requirement for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe the age requirement):
  - No
19. Population(s) that the program is restricted to serving (If your program is limited to serving specific populations (i.e. cannot serve any other populations besides these due to grant requirements, etc.), please select those populations you serve below. Please avoid selecting all.) *(Delete those that DON'T apply):*
- Can serve all populations
  - Adolescents (13-19 years)
  - Caregivers (non-paternal)
  - Children (4-12 years)
  - Domestic violence survivors
  - Homebound
  - Homeless
  - Immigrants and refugees
  - Infants and toddlers (0-3 years)
  - Justice-involved
  - LGBTQ+
  - Low-income individuals and households
  - Native Americans or Alaska Natives
  - People with cognitive disabilities
  - People with developmental disabilities
  - People with HIV/AIDS

- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If Other, please describe

**20. If limited to a particular population, are any family or household members eligible for the program?**

*(Delete the answer that DOESN'T apply):*

- Yes (if yes, who is eligible for the program): *(Delete those that DON'T apply):*
  - Spouse
  - Dependents
  - Any Household Members
  - Other (if other, please describe)
- No

**21. Population(s) that the program specializes in serving** *(If your program specializes in serving a specific population(s) (i.e. has developed expertise in serving specific population(s) but can serve others outside of the population), please select those populations below. Please avoid selecting all.) (Delete those that DON'T apply):*

- Can serve all populations
- Adolescents (13-19 years)
- Caregivers (non-paternal)
- Children (4-12 years)
- Domestic violence survivors
- Homebound
- Homeless
- Immigrants and refugees
- Infants and toddlers (0-3 years)
- Justice-involved
- LGBTQ+
- Low-income individuals and households
- Native Americans or Alaska Natives
- People with cognitive disabilities
- People with developmental disabilities
- People with HIV/AIDS
- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If other, please describe

**22. If applicable, please select the documents needed to participate in the program** *(Delete those that DON'T apply):*

- Birth certificate
- Death certificate
- DD-214
- Eviction notice
- Employment Authorization Document
- Government-issued ID
- Proof of citizenship/immigration status
- Proof of disability
- Proof of diagnosis/psychological evaluation
- Proof of expenses
- Proof of income
- Proof of insurance/insurance ID card
- Proof of residence
- Proof of resources
- Proof of student status
- Utility bill(s)
- None
- Other
  - If other, please describe

**23. Are there any other eligibility criteria for this program?**

## Program 8 - General

1. **Program Name:**
2. **Brief Program Overview:**
3. **Which office locations offer this program?:**
4. **Which counties/cities does this program serve?:**
5. **Days and Hours of Operation** *(if different from the organization days and hours):*
6. **Payment options for this program** *(Delete those that DON'T apply. Keep the ones that do!):*
  - Free
  - Insurance
    - Please list the insurance plans this program accepts (including both carrier and plan/insurance type).
  - Self-pay
  - Sliding Scale
7. **Accessibility options for this program** *(Delete those that DON'T apply):*
  - ADA accessible
  - Blind accommodation
  - Deaf and hard of hearing accommodation
  - Interpreter/translation services available
8. **Is transportation available (e.g. bus passes, gas cards, rides provided by your org) for clients enrolled in or applying for this program?** *(Delete the answer that DOESN'T apply):*
  - Yes *(if yes, please describe):*
  - No
9. **Primary method of service delivery** *(Delete those that DON'T apply):*
  - In home
  - In office
  - Web based
  - Phone based
10. **Are any languages other than English supported by and/or spoken at the program?** *(Delete the answer that DOESN'T apply):*
  - Yes *(if yes, which languages):*
  - No
11. **Please list the staff members you would like connected to this program:**
12. **Services the program directly provides and should receive referrals for** *(Unite Us categorizes programs into 20 total service types to assist providers in finding applicable services for their clients; you can reference the Unite Us Service Types Glossary to help categorize your program(s). Please choose the service type(s) that best fit the types of services your program directly provides and should receive referrals for.) (Delete those that DON'T apply):*
  - Benefits Navigation
    - Benefits Eligibility Screening
    - Health Insurance/Benefits
    - ID/Documentation Assistance
    - Immigration Services
  - Clothing & Household Goods
    - Appliances
    - Baby Supplies/Furniture
    - Clothing
    - Furniture
    - Houseware/Cookware
    - Phones/Electronics
    - Personal and Household Goods
  - Education
    - Computer/Technology Classes
  - Degrees/Certifications
    - Associate's Degree
    - Bachelor's Degree
    - Continuing Education
    - Doctorate Degree
    - GED
    - Master's Degree
    - Post-baccalaureate Programs
  - Early Childhood Education
  - Educational Support Services
  - Language Classes
  - Tuition Assistance
  - Employment
    - Career Skills Development
    - Internships/Work Experience

- Job Search/Placement
  - Job Training
- Entrepreneurship
  - Commercial Real Estate
  - Entrepreneurial Training
  - Fundraising and Financing
  - Pro Bono Business Attorneys
- Food Assistance
  - Emergency Food
  - Prepared Meals
  - School Meals
  - SNAP/WIC/Nutrition Benefits
- Housing & Shelter
  - Assisted Living
  - Emergency Housing
  - Home Expense Assistance/Repairs
  - Home Loans and Financing
  - House Applications/Re-certifications
  - Housing Mediation & Eviction Prevention
  - Moving Assistance
  - Permanent Housing
  - Rent/Mortgage Payment Assistance
  - Transitional Housing
- Income Support
  - Emergency/One-time Financial Assistance
  - SSI/SSD & Disability Benefits
  - TANF/Cash Assistance Programs
  - Unemployment Insurance
  - Veterans' Pension & Disability Benefits
- Individual & Family Support
  - Adult Day Programs
  - Caregiving Services
  - Case/Care Management
  - Child Care
  - Environmental Modifications/Accessibility
  - Holiday Programs
  - Interpretation Services
  - Life Coaching
  - Life Skills Training & Support
  - Mentoring
  - Parenting Education
  - Peer Support
  - Respite Care
  - Service Animals
  - Support Groups
- Legal
  - Bankruptcy Law
  - Consumer Rights & Debt Advocacy
  - Criminal Law
  - Education Law
  - Employment Law
  - Expungements
  - Family Law
  - Health Law
  - Housing Law
  - Immigration Law
  - Military Discharge Upgrade
  - Military Law
  - Public Benefits Advocacy
  - Tax Law
  - Veterans Benefits Advocacy
- Wills & Estates
- Mental/Behavioral Health
  - Behavioral Skills Training and Support
  - Conjoint Counseling
  - Crisis Intervention
  - Family Counseling
  - Group Counseling
  - Individual Counseling
  - Inpatient Mental Health
  - Mental Health Evaluation
  - Mental Health Expense Assistance
  - Mental Health Information/Education
  - Psychiatric Services
  - Supportive Therapies
  - Youth Mental Health Services
- Money Management
  - Financial Counseling
  - Financial Literacy Classes
  - Tax Preparation Services
- Physical Health
  - Chronic Disease Prevention & Management
  - Dental Care
  - Health Coaching
  - Home-based Care
  - Hospice & Palliative Care
  - Long Term Care (Facility-based)
  - Medical Case Management Services
  - Medical Equipment/Assistive Technology
  - Medical Expense Assistance
  - Primary Care
  - Rehabilitative/Habilitative Services
  - Screenings & Immunizations
  - Specialty Care
- Social Enrichment
  - Advocacy Groups
  - Arts & Crafts Classes
  - Cooking Classes
  - Leadership Development
  - Music Classes
  - Peer to Peer Networking
  - Professional Development
  - Special Interest Clubs
  - Volunteer Opportunities
  - Youth Development
- Spiritual Enrichment
- Sports & Recreation
  - Adaptive Sports
  - Boating/Water Activities
  - Exercise Classes/Groups
  - Extreme Sports
  - Individual/Team Sports
  - Martial Arts
  - Outdoor Activities
  - Snow Sports
- Substance Use
  - Drug/Alcohol Testing
  - Harm Reduction
  - Substance Use Counseling
  - Substance Use Expense Assistance
  - Substance Use Recovery Support
  - Substance Use Treatment

- Tobacco Cessation
- Transportation
  - Ride Coordination
  - Transportation Expense Assistance
  - Transportation Passes/Vouchers
- Utilities
  - Home Energy/Utilities Benefits
  - Utility Bill Payment Assistance
- Wellness
  - Alternative Medicine
  - Health Literacy Classes
  - Mindfulness and Meditation
  - Nutrition Education & Counseling
  - Therapeutic Programs & Retreats
  - Wellness Expense Assistance

## Program 8 - Eligibility

If the program eligibility is the same as a previous program, indicate which below and leave section blank:

13. Are any residency requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe):
  - No
14. Are there any income requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Is there a maximum % AMI (Area Median Income) or % FPL (Federal Poverty Line) for eligibility?
    - Are income requirements based on the head of household/client seeking services, or on the entire household's income?
  - No
15. Is U.S. citizenship or a particular immigration status required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe which statuses clients can have to be eligible):
  - No
16. Does the program require the client to be able to work? *(Delete the answer that DOESN'T apply):*
- Yes
  - No
17. Is a disability required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Who must have the disability? (e.g. head of household, any household member)
    - Does the disability need to be documented?
    - What kinds of disabilities are eligible/not eligible?
  - No
18. Is there an age requirement for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe the age requirement):
  - No
19. Population(s) that the program is restricted to serving (If your program is limited to serving specific populations (i.e. cannot serve any other populations besides these due to grant requirements, etc.), please select those populations you serve below. Please avoid selecting all.) *(Delete those that DON'T apply):*
- Can serve all populations
  - Adolescents (13-19 years)
  - Caregivers (non-paternal)
  - Children (4-12 years)
  - Domestic violence survivors
  - Homebound
  - Homeless
  - Immigrants and refugees
  - Infants and toddlers (0-3 years)
  - Justice-involved
  - LGBTQ+
  - Low-income individuals and households
  - Native Americans or Alaska Natives
  - People with cognitive disabilities
  - People with developmental disabilities
  - People with HIV/AIDS

- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If Other, please describe

**20. If limited to a particular population, are any family or household members eligible for the program?**

*(Delete the answer that DOESN'T apply):*

- Yes (if yes, who is eligible for the program): *(Delete those that DON'T apply):*
  - Spouse
  - Dependents
  - Any Household Members
  - Other (if other, please describe)
- No

**21. Population(s) that the program specializes in serving** *(If your program specializes in serving a specific population(s) (i.e. has developed expertise in serving specific population(s) but can serve others outside of the population), please select those populations below. Please avoid selecting all.) (Delete those that DON'T apply):*

- Can serve all populations
- Adolescents (13-19 years)
- Caregivers (non-paternal)
- Children (4-12 years)
- Domestic violence survivors
- Homebound
- Homeless
- Immigrants and refugees
- Infants and toddlers (0-3 years)
- Justice-involved
- LGBTQ+
- Low-income individuals and households
- Native Americans or Alaska Natives
- People with cognitive disabilities
- People with developmental disabilities
- People with HIV/AIDS
- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If other, please describe

**22. If applicable, please select the documents needed to participate in the program** *(Delete those that DON'T apply):*

- Birth certificate
- Death certificate
- DD-214
- Eviction notice
- Employment Authorization Document
- Government-issued ID
- Proof of citizenship/immigration status
- Proof of disability
- Proof of diagnosis/psychological evaluation
- Proof of expenses
- Proof of income
- Proof of insurance/insurance ID card
- Proof of residence
- Proof of resources
- Proof of student status
- Utility bill(s)
- None
- Other
  - If other, please describe

**23. Are there any other eligibility criteria for this program?**

## Program 9 - General

1. **Program Name:**
2. **Brief Program Overview:**
3. **Which office locations offer this program?:**
4. **Which counties/cities does this program serve?:**
5. **Days and Hours of Operation** *(if different from the organization days and hours):*
6. **Payment options for this program** *(Delete those that DON'T apply. Keep the ones that do!):*
  - Free
  - Insurance
    - Please list the insurance plans this program accepts (including both carrier and plan/insurance type).
  - Self-pay
  - Sliding Scale
7. **Accessibility options for this program** *(Delete those that DON'T apply):*
  - ADA accessible
  - Blind accommodation
  - Deaf and hard of hearing accommodation
  - Interpreter/translation services available
8. **Is transportation available (e.g. bus passes, gas cards, rides provided by your org) for clients enrolled in or applying for this program?** *(Delete the answer that DOESN'T apply):*
  - Yes *(if yes, please describe):*
  - No
9. **Primary method of service delivery** *(Delete those that DON'T apply):*
  - In home
  - In office
  - Web based
  - Phone based
10. **Are any languages other than English supported by and/or spoken at the program?** *(Delete the answer that DOESN'T apply):*
  - Yes *(if yes, which languages):*
  - No
11. **Please list the staff members you would like connected to this program:**
12. **Services the program directly provides and should receive referrals for** *(Unite Us categorizes programs into 20 total service types to assist providers in finding applicable services for their clients; you can reference the Unite Us Service Types Glossary to help categorize your program(s). Please choose the service type(s) that best fit the types of services your program directly provides and should receive referrals for.) (Delete those that DON'T apply):*
  - Benefits Navigation
    - Benefits Eligibility Screening
    - Health Insurance/Benefits
    - ID/Documentation Assistance
    - Immigration Services
  - Clothing & Household Goods
    - Appliances
    - Baby Supplies/Furniture
    - Clothing
    - Furniture
    - Houseware/Cookware
    - Phones/Electronics
    - Personal and Household Goods
  - Education
    - Computer/Technology Classes
  - Degrees/Certifications
    - Associate's Degree
    - Bachelor's Degree
    - Continuing Education
    - Doctorate Degree
    - GED
    - Master's Degree
    - Post-baccalaureate Programs
  - Early Childhood Education
    - Early Childhood Education
    - Educational Support Services
    - Language Classes
    - Tuition Assistance
  - Employment
    - Career Skills Development
    - Internships/Work Experience

- Job Search/Placement
  - Job Training
- Entrepreneurship
  - Commercial Real Estate
  - Entrepreneurial Training
  - Fundraising and Financing
  - Pro Bono Business Attorneys
- Food Assistance
  - Emergency Food
  - Prepared Meals
  - School Meals
  - SNAP/WIC/Nutrition Benefits
- Housing & Shelter
  - Assisted Living
  - Emergency Housing
  - Home Expense Assistance/Repairs
  - Home Loans and Financing
  - House Applications/Re-certifications
  - Housing Mediation & Eviction Prevention
  - Moving Assistance
  - Permanent Housing
  - Rent/Mortgage Payment Assistance
  - Transitional Housing
- Income Support
  - Emergency/One-time Financial Assistance
  - SSI/SSD & Disability Benefits
  - TANF/Cash Assistance Programs
  - Unemployment Insurance
  - Veterans' Pension & Disability Benefits
- Individual & Family Support
  - Adult Day Programs
  - Caregiving Services
  - Case/Care Management
  - Child Care
  - Environmental Modifications/Accessibility
  - Holiday Programs
  - Interpretation Services
  - Life Coaching
  - Life Skills Training & Support
  - Mentoring
  - Parenting Education
  - Peer Support
  - Respite Care
  - Service Animals
  - Support Groups
- Legal
  - Bankruptcy Law
  - Consumer Rights & Debt Advocacy
  - Criminal Law
  - Education Law
  - Employment Law
  - Expungements
  - Family Law
  - Health Law
  - Housing Law
  - Immigration Law
  - Military Discharge Upgrade
  - Military Law
  - Public Benefits Advocacy
  - Tax Law
  - Veterans Benefits Advocacy
- Wills & Estates
- Mental/Behavioral Health
  - Behavioral Skills Training and Support
  - Conjoint Counseling
  - Crisis Intervention
  - Family Counseling
  - Group Counseling
  - Individual Counseling
  - Inpatient Mental Health
  - Mental Health Evaluation
  - Mental Health Expense Assistance
  - Mental Health Information/Education
  - Psychiatric Services
  - Supportive Therapies
  - Youth Mental Health Services
- Money Management
  - Financial Counseling
  - Financial Literacy Classes
  - Tax Preparation Services
- Physical Health
  - Chronic Disease Prevention & Management
  - Dental Care
  - Health Coaching
  - Home-based Care
  - Hospice & Palliative Care
  - Long Term Care (Facility-based)
  - Medical Case Management Services
  - Medical Equipment/Assistive Technology
  - Medical Expense Assistance
  - Primary Care
  - Rehabilitative/Habilitative Services
  - Screenings & Immunizations
  - Specialty Care
- Social Enrichment
  - Advocacy Groups
  - Arts & Crafts Classes
  - Cooking Classes
  - Leadership Development
  - Music Classes
  - Peer to Peer Networking
  - Professional Development
  - Special Interest Clubs
  - Volunteer Opportunities
  - Youth Development
- Spiritual Enrichment
- Sports & Recreation
  - Adaptive Sports
  - Boating/Water Activities
  - Exercise Classes/Groups
  - Extreme Sports
  - Individual/Team Sports
  - Martial Arts
  - Outdoor Activities
  - Snow Sports
- Substance Use
  - Drug/Alcohol Testing
  - Harm Reduction
  - Substance Use Counseling
  - Substance Use Expense Assistance
  - Substance Use Recovery Support
  - Substance Use Treatment



- Tobacco Cessation
- Transportation
  - Ride Coordination
  - Transportation Expense Assistance
  - Transportation Passes/Vouchers
- Utilities
  - Home Energy/Utilities Benefits
  - Utility Bill Payment Assistance
- Wellness
  - Alternative Medicine
  - Health Literacy Classes
  - Mindfulness and Meditation
  - Nutrition Education & Counseling
  - Therapeutic Programs & Retreats
  - Wellness Expense Assistance

## Program 9 - Eligibility

If the program eligibility is the same as a previous program, indicate which below and leave section blank:

13. Are any residency requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe):
  - No
14. Are there any income requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Is there a maximum % AMI (Area Median Income) or % FPL (Federal Poverty Line) for eligibility?
    - Are income requirements based on the head of household/client seeking services, or on the entire household's income?
  - No
15. Is U.S. citizenship or a particular immigration status required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe which statuses clients can have to be eligible):
  - No
16. Does the program require the client to be able to work? *(Delete the answer that DOESN'T apply):*
- Yes
  - No
17. Is a disability required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Who must have the disability? (e.g. head of household, any household member)
    - Does the disability need to be documented?
    - What kinds of disabilities are eligible/not eligible?
  - No
18. Is there an age requirement for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe the age requirement):
  - No
19. Population(s) that the program is restricted to serving (If your program is limited to serving specific populations (i.e. cannot serve any other populations besides these due to grant requirements, etc.), please select those populations you serve below. Please avoid selecting all.) *(Delete those that DON'T apply):*
- Can serve all populations
  - Adolescents (13-19 years)
  - Caregivers (non-paternal)
  - Children (4-12 years)
  - Domestic violence survivors
  - Homebound
  - Homeless
  - Immigrants and refugees
  - Infants and toddlers (0-3 years)
  - Justice-involved
  - LGBTQ+
  - Low-income individuals and households
  - Native Americans or Alaska Natives
  - People with cognitive disabilities
  - People with developmental disabilities
  - People with HIV/AIDS

- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If Other, please describe

**20. If limited to a particular population, are any family or household members eligible for the program?**

*(Delete the answer that DOESN'T apply):*

- Yes (if yes, who is eligible for the program): *(Delete those that DON'T apply):*
  - Spouse
  - Dependents
  - Any Household Members
  - Other (if other, please describe)
- No

**21. Population(s) that the program specializes in serving** *(If your program specializes in serving a specific population(s) (i.e. has developed expertise in serving specific population(s) but can serve others outside of the population), please select those populations below. Please avoid selecting all.) (Delete those that DON'T apply):*

- Can serve all populations
- Adolescents (13-19 years)
- Caregivers (non-paternal)
- Children (4-12 years)
- Domestic violence survivors
- Homebound
- Homeless
- Immigrants and refugees
- Infants and toddlers (0-3 years)
- Justice-involved
- LGBTQ+
- Low-income individuals and households
- Native Americans or Alaska Natives
- People with cognitive disabilities
- People with developmental disabilities
- People with HIV/AIDS
- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If other, please describe

**22. If applicable, please select the documents needed to participate in the program** *(Delete those that DON'T apply):*

- Birth certificate
- Death certificate
- DD-214
- Eviction notice
- Employment Authorization Document
- Government-issued ID
- Proof of citizenship/immigration status
- Proof of disability
- Proof of diagnosis/psychological evaluation
- Proof of expenses
- Proof of income
- Proof of insurance/insurance ID card
- Proof of residence
- Proof of resources
- Proof of student status
- Utility bill(s)
- None
- Other
  - If other, please describe

**23. Are there any other eligibility criteria for this program?**

## Program 10 - General

1. **Program Name:**
2. **Brief Program Overview:**
3. **Which office locations offer this program?:**
4. **Which counties/cities does this program serve?:**
5. **Days and Hours of Operation** *(if different from the organization days and hours):*
6. **Payment options for this program** *(Delete those that DON'T apply. Keep the ones that do!):*
  - Free
  - Insurance
    - Please list the insurance plans this program accepts (including both carrier and plan/insurance type).
  - Self-pay
  - Sliding Scale
7. **Accessibility options for this program** *(Delete those that DON'T apply):*
  - ADA accessible
  - Blind accommodation
  - Deaf and hard of hearing accommodation
  - Interpreter/translation services available
8. **Is transportation available (e.g. bus passes, gas cards, rides provided by your org) for clients enrolled in or applying for this program?** *(Delete the answer that DOESN'T apply):*
  - Yes *(if yes, please describe):*
  - No
9. **Primary method of service delivery** *(Delete those that DON'T apply):*
  - In home
  - In office
  - Web based
  - Phone based
10. **Are any languages other than English supported by and/or spoken at the program?** *(Delete the answer that DOESN'T apply):*
  - Yes *(if yes, which languages):*
  - No
11. **Please list the staff members you would like connected to this program:**
12. **Services the program directly provides and should receive referrals for** *(Unite Us categorizes programs into 20 total service types to assist providers in finding applicable services for their clients; you can reference the Unite Us Service Types Glossary to help categorize your program(s). Please choose the service type(s) that best fit the types of services your program directly provides and should receive referrals for.) (Delete those that DON'T apply):*
  - Benefits Navigation
    - Benefits Eligibility Screening
    - Health Insurance/Benefits
    - ID/Documentation Assistance
    - Immigration Services
  - Clothing & Household Goods
    - Appliances
    - Baby Supplies/Furniture
    - Clothing
    - Furniture
    - Houseware/Cookware
    - Phones/Electronics
    - Personal and Household Goods
  - Education
    - Computer/Technology Classes
  - Degrees/Certifications
    - Associate's Degree
    - Bachelor's Degree
    - Continuing Education
    - Doctorate Degree
    - GED
    - Master's Degree
    - Post-baccalaureate Programs
  - Early Childhood Education
  - Educational Support Services
  - Language Classes
  - Tuition Assistance
  - Employment
    - Career Skills Development
    - Internships/Work Experience

- Job Search/Placement
  - Job Training
- Entrepreneurship
  - Commercial Real Estate
  - Entrepreneurial Training
  - Fundraising and Financing
  - Pro Bono Business Attorneys
- Food Assistance
  - Emergency Food
  - Prepared Meals
  - School Meals
  - SNAP/WIC/Nutrition Benefits
- Housing & Shelter
  - Assisted Living
  - Emergency Housing
  - Home Expense Assistance/Repairs
  - Home Loans and Financing
  - House Applications/Re-certifications
  - Housing Mediation & Eviction Prevention
  - Moving Assistance
  - Permanent Housing
  - Rent/Mortgage Payment Assistance
  - Transitional Housing
- Income Support
  - Emergency/One-time Financial Assistance
  - SSI/SSD & Disability Benefits
  - TANF/Cash Assistance Programs
  - Unemployment Insurance
  - Veterans' Pension & Disability Benefits
- Individual & Family Support
  - Adult Day Programs
  - Caregiving Services
  - Case/Care Management
  - Child Care
  - Environmental Modifications/Accessibility
  - Holiday Programs
  - Interpretation Services
  - Life Coaching
  - Life Skills Training & Support
  - Mentoring
  - Parenting Education
  - Peer Support
  - Respite Care
  - Service Animals
  - Support Groups
- Legal
  - Bankruptcy Law
  - Consumer Rights & Debt Advocacy
  - Criminal Law
  - Education Law
  - Employment Law
  - Expungements
  - Family Law
  - Health Law
  - Housing Law
  - Immigration Law
  - Military Discharge Upgrade
  - Military Law
  - Public Benefits Advocacy
  - Tax Law
  - Veterans Benefits Advocacy
- Wills & Estates
- Mental/Behavioral Health
  - Behavioral Skills Training and Support
  - Conjoint Counseling
  - Crisis Intervention
  - Family Counseling
  - Group Counseling
  - Individual Counseling
  - Inpatient Mental Health
  - Mental Health Evaluation
  - Mental Health Expense Assistance
  - Mental Health Information/Education
  - Psychiatric Services
  - Supportive Therapies
  - Youth Mental Health Services
- Money Management
  - Financial Counseling
  - Financial Literacy Classes
  - Tax Preparation Services
- Physical Health
  - Chronic Disease Prevention & Management
  - Dental Care
  - Health Coaching
  - Home-based Care
  - Hospice & Palliative Care
  - Long Term Care (Facility-based)
  - Medical Case Management Services
  - Medical Equipment/Assistive Technology
  - Medical Expense Assistance
  - Primary Care
  - Rehabilitative/Habilitative Services
  - Screenings & Immunizations
  - Specialty Care
- Social Enrichment
  - Advocacy Groups
  - Arts & Crafts Classes
  - Cooking Classes
  - Leadership Development
  - Music Classes
  - Peer to Peer Networking
  - Professional Development
  - Special Interest Clubs
  - Volunteer Opportunities
  - Youth Development
- Spiritual Enrichment
- Sports & Recreation
  - Adaptive Sports
  - Boating/Water Activities
  - Exercise Classes/Groups
  - Extreme Sports
  - Individual/Team Sports
  - Martial Arts
  - Outdoor Activities
  - Snow Sports
- Substance Use
  - Drug/Alcohol Testing
  - Harm Reduction
  - Substance Use Counseling
  - Substance Use Expense Assistance
  - Substance Use Recovery Support
  - Substance Use Treatment

- Tobacco Cessation
- Transportation
  - Ride Coordination
  - Transportation Expense Assistance
  - Transportation Passes/Vouchers
- Utilities
  - Home Energy/Utilities Benefits
  - Utility Bill Payment Assistance
- Wellness
  - Alternative Medicine
  - Health Literacy Classes
  - Mindfulness and Meditation
  - Nutrition Education & Counseling
  - Therapeutic Programs & Retreats
  - Wellness Expense Assistance

## Program 10 - Eligibility

If the program eligibility is the same as a previous program, indicate which below and leave section blank:

13. Are any residency requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe):
  - No
14. Are there any income requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Is there a maximum % AMI (Area Median Income) or % FPL (Federal Poverty Line) for eligibility?
    - Are income requirements based on the head of household/client seeking services, or on the entire household's income?
  - No
15. Is U.S. citizenship or a particular immigration status required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe which statuses clients can have to be eligible):
  - No
16. Does the program require the client to be able to work? *(Delete the answer that DOESN'T apply):*
- Yes
  - No
17. Is a disability required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Who must have the disability? (e.g. head of household, any household member)
    - Does the disability need to be documented?
    - What kinds of disabilities are eligible/not eligible?
  - No
18. Is there an age requirement for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe the age requirement):
  - No
19. Population(s) that the program is restricted to serving (If your program is limited to serving specific populations (i.e. cannot serve any other populations besides these due to grant requirements, etc.), please select those populations you serve below. Please avoid selecting all.) *(Delete those that DON'T apply):*
- Can serve all populations
  - Adolescents (13-19 years)
  - Caregivers (non-paternal)
  - Children (4-12 years)
  - Domestic violence survivors
  - Homebound
  - Homeless
  - Immigrants and refugees
  - Infants and toddlers (0-3 years)
  - Justice-involved
  - LGBTQ+
  - Low-income individuals and households
  - Native Americans or Alaska Natives
  - People with cognitive disabilities
  - People with developmental disabilities
  - People with HIV/AIDS

- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If Other, please describe

**20. If limited to a particular population, are any family or household members eligible for the program?**

*(Delete the answer that DOESN'T apply):*

- Yes (if yes, who is eligible for the program): *(Delete those that DON'T apply):*
  - Spouse
  - Dependents
  - Any Household Members
  - Other (if other, please describe)
- No

**21. Population(s) that the program specializes in serving** *(If your program specializes in serving a specific population(s) (i.e. has developed expertise in serving specific population(s) but can serve others outside of the population), please select those populations below. Please avoid selecting all.) (Delete those that DON'T apply):*

- Can serve all populations
- Adolescents (13-19 years)
- Caregivers (non-paternal)
- Children (4-12 years)
- Domestic violence survivors
- Homebound
- Homeless
- Immigrants and refugees
- Infants and toddlers (0-3 years)
- Justice-involved
- LGBTQ+
- Low-income individuals and households
- Native Americans or Alaska Natives
- People with cognitive disabilities
- People with developmental disabilities
- People with HIV/AIDS
- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If other, please describe

**22. If applicable, please select the documents needed to participate in the program** *(Delete those that DON'T apply):*

- Birth certificate
- Death certificate
- DD-214
- Eviction notice
- Employment Authorization Document
- Government-issued ID
- Proof of citizenship/immigration status
- Proof of disability
- Proof of diagnosis/psychological evaluation
- Proof of expenses
- Proof of income
- Proof of insurance/insurance ID card
- Proof of residence
- Proof of resources
- Proof of student status
- Utility bill(s)
- None
- Other
  - If other, please describe

**23. Are there any other eligibility criteria for this program?**

## Program 11 - General

1. **Program Name:**
2. **Brief Program Overview:**
3. **Which office locations offer this program?:**
4. **Which counties/cities does this program serve?:**
5. **Days and Hours of Operation** *(if different from the organization days and hours):*
6. **Payment options for this program** *(Delete those that DON'T apply. Keep the ones that do!):*
  - Free
  - Insurance
    - Please list the insurance plans this program accepts (including both carrier and plan/insurance type).
  - Self-pay
  - Sliding Scale
7. **Accessibility options for this program** *(Delete those that DON'T apply):*
  - ADA accessible
  - Blind accommodation
  - Deaf and hard of hearing accommodation
  - Interpreter/translation services available
8. **Is transportation available (e.g. bus passes, gas cards, rides provided by your org) for clients enrolled in or applying for this program?** *(Delete the answer that DOESN'T apply):*
  - Yes *(if yes, please describe):*
  - No
9. **Primary method of service delivery** *(Delete those that DON'T apply):*
  - In home
  - In office
  - Web based
  - Phone based
10. **Are any languages other than English supported by and/or spoken at the program?** *(Delete the answer that DOESN'T apply):*
  - Yes *(if yes, which languages):*
  - No
11. **Please list the staff members you would like connected to this program:**
12. **Services the program directly provides and should receive referrals for** *(Unite Us categorizes programs into 20 total service types to assist providers in finding applicable services for their clients; you can reference the Unite Us Service Types Glossary to help categorize your program(s). Please choose the service type(s) that best fit the types of services your program directly provides and should receive referrals for.)* *(Delete those that DON'T apply):*
  - Benefits Navigation
    - Benefits Eligibility Screening
    - Health Insurance/Benefits
    - ID/Documentation Assistance
    - Immigration Services
  - Clothing & Household Goods
    - Appliances
    - Baby Supplies/Furniture
    - Clothing
    - Furniture
    - Houseware/Cookware
    - Phones/Electronics
    - Personal and Household Goods
  - Education
    - Computer/Technology Classes
  - Degrees/Certifications
    - Associate's Degree
    - Bachelor's Degree
    - Continuing Education
    - Doctorate Degree
    - GED
    - Master's Degree
    - Post-baccalaureate Programs
  - Early Childhood Education
  - Educational Support Services
  - Language Classes
  - Tuition Assistance
  - Employment
    - Career Skills Development
    - Internships/Work Experience

- Job Search/Placement
  - Job Training
- Entrepreneurship
  - Commercial Real Estate
  - Entrepreneurial Training
  - Fundraising and Financing
  - Pro Bono Business Attorneys
- Food Assistance
  - Emergency Food
  - Prepared Meals
  - School Meals
  - SNAP/WIC/Nutrition Benefits
- Housing & Shelter
  - Assisted Living
  - Emergency Housing
  - Home Expense Assistance/Repairs
  - Home Loans and Financing
  - House Applications/Re-certifications
  - Housing Mediation & Eviction Prevention
  - Moving Assistance
  - Permanent Housing
  - Rent/Mortgage Payment Assistance
  - Transitional Housing
- Income Support
  - Emergency/One-time Financial Assistance
  - SSI/SSD & Disability Benefits
  - TANF/Cash Assistance Programs
  - Unemployment Insurance
  - Veterans' Pension & Disability Benefits
- Individual & Family Support
  - Adult Day Programs
  - Caregiving Services
  - Case/Care Management
  - Child Care
  - Environmental Modifications/Accessibility
  - Holiday Programs
  - Interpretation Services
  - Life Coaching
  - Life Skills Training & Support
  - Mentoring
  - Parenting Education
  - Peer Support
  - Respite Care
  - Service Animals
  - Support Groups
- Legal
  - Bankruptcy Law
  - Consumer Rights & Debt Advocacy
  - Criminal Law
  - Education Law
  - Employment Law
  - Expungements
  - Family Law
  - Health Law
  - Housing Law
  - Immigration Law
  - Military Discharge Upgrade
  - Military Law
  - Public Benefits Advocacy
  - Tax Law
  - Veterans Benefits Advocacy
- Wills & Estates
- Mental/Behavioral Health
  - Behavioral Skills Training and Support
  - Conjoint Counseling
  - Crisis Intervention
  - Family Counseling
  - Group Counseling
  - Individual Counseling
  - Inpatient Mental Health
  - Mental Health Evaluation
  - Mental Health Expense Assistance
  - Mental Health Information/Education
  - Psychiatric Services
  - Supportive Therapies
  - Youth Mental Health Services
- Money Management
  - Financial Counseling
  - Financial Literacy Classes
  - Tax Preparation Services
- Physical Health
  - Chronic Disease Prevention & Management
  - Dental Care
  - Health Coaching
  - Home-based Care
  - Hospice & Palliative Care
  - Long Term Care (Facility-based)
  - Medical Case Management Services
  - Medical Equipment/Assistive Technology
  - Medical Expense Assistance
  - Primary Care
  - Rehabilitative/Habilitative Services
  - Screenings & Immunizations
  - Specialty Care
- Social Enrichment
  - Advocacy Groups
  - Arts & Crafts Classes
  - Cooking Classes
  - Leadership Development
  - Music Classes
  - Peer to Peer Networking
  - Professional Development
  - Special Interest Clubs
  - Volunteer Opportunities
  - Youth Development
- Spiritual Enrichment
- Sports & Recreation
  - Adaptive Sports
  - Boating/Water Activities
  - Exercise Classes/Groups
  - Extreme Sports
  - Individual/Team Sports
  - Martial Arts
  - Outdoor Activities
  - Snow Sports
- Substance Use
  - Drug/Alcohol Testing
  - Harm Reduction
  - Substance Use Counseling
  - Substance Use Expense Assistance
  - Substance Use Recovery Support
  - Substance Use Treatment



- Tobacco Cessation
- Transportation
  - Ride Coordination
  - Transportation Expense Assistance
  - Transportation Passes/Vouchers
- Utilities
  - Home Energy/Utilities Benefits
  - Utility Bill Payment Assistance
- Wellness
  - Alternative Medicine
  - Health Literacy Classes
  - Mindfulness and Meditation
  - Nutrition Education & Counseling
  - Therapeutic Programs & Retreats
  - Wellness Expense Assistance

## Program 11 - Eligibility

If the program eligibility is the same as a previous program, indicate which below and leave section blank:

13. Are any residency requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe):
  - No
14. Are there any income requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Is there a maximum % AMI (Area Median Income) or % FPL (Federal Poverty Line) for eligibility?
    - Are income requirements based on the head of household/client seeking services, or on the entire household's income?
  - No
15. Is U.S. citizenship or a particular immigration status required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe which statuses clients can have to be eligible):
  - No
16. Does the program require the client to be able to work? *(Delete the answer that DOESN'T apply):*
- Yes
  - No
17. Is a disability required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Who must have the disability? (e.g. head of household, any household member)
    - Does the disability need to be documented?
    - What kinds of disabilities are eligible/not eligible?
  - No
18. Is there an age requirement for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe the age requirement):
  - No
19. Population(s) that the program is restricted to serving (If your program is limited to serving specific populations (i.e. cannot serve any other populations besides these due to grant requirements, etc.), please select those populations you serve below. Please avoid selecting all.) *(Delete those that DON'T apply):*
- Can serve all populations
  - Adolescents (13-19 years)
  - Caregivers (non-paternal)
  - Children (4-12 years)
  - Domestic violence survivors
  - Homebound
  - Homeless
  - Immigrants and refugees
  - Infants and toddlers (0-3 years)
  - Justice-involved
  - LGBTQ+
  - Low-income individuals and households
  - Native Americans or Alaska Natives
  - People with cognitive disabilities
  - People with developmental disabilities
  - People with HIV/AIDS

- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If Other, please describe

**20. If limited to a particular population, are any family or household members eligible for the program?**

*(Delete the answer that DOESN'T apply):*

- Yes (if yes, who is eligible for the program): *(Delete those that DON'T apply):*
  - Spouse
  - Dependents
  - Any Household Members
  - Other (if other, please describe)
- No

**21. Population(s) that the program specializes in serving** *(If your program specializes in serving a specific population(s) (i.e. has developed expertise in serving specific population(s) but can serve others outside of the population), please select those populations below. Please avoid selecting all.) (Delete those that DON'T apply):*

- Can serve all populations
- Adolescents (13-19 years)
- Caregivers (non-paternal)
- Children (4-12 years)
- Domestic violence survivors
- Homebound
- Homeless
- Immigrants and refugees
- Infants and toddlers (0-3 years)
- Justice-involved
- LGBTQ+
- Low-income individuals and households
- Native Americans or Alaska Natives
- People with cognitive disabilities
- People with developmental disabilities
- People with HIV/AIDS
- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If other, please describe

**22. If applicable, please select the documents needed to participate in the program** *(Delete those that DON'T apply):*

- Birth certificate
- Death certificate
- DD-214
- Eviction notice
- Employment Authorization Document
- Government-issued ID
- Proof of citizenship/immigration status
- Proof of disability
- Proof of diagnosis/psychological evaluation
- Proof of expenses
- Proof of income
- Proof of insurance/insurance ID card
- Proof of residence
- Proof of resources
- Proof of student status
- Utility bill(s)
- None
- Other
  - If other, please describe

**23. Are there any other eligibility criteria for this program?**

## Program 12 - General

1. **Program Name:**
2. **Brief Program Overview:**
3. **Which office locations offer this program?:**
4. **Which counties/cities does this program serve?:**
5. **Days and Hours of Operation** *(if different from the organization days and hours):*
6. **Payment options for this program** *(Delete those that DON'T apply. Keep the ones that do!):*
  - Free
  - Insurance
    - Please list the insurance plans this program accepts (including both carrier and plan/insurance type).
  - Self-pay
  - Sliding Scale
7. **Accessibility options for this program** *(Delete those that DON'T apply):*
  - ADA accessible
  - Blind accommodation
  - Deaf and hard of hearing accommodation
  - Interpreter/translation services available
8. **Is transportation available (e.g. bus passes, gas cards, rides provided by your org) for clients enrolled in or applying for this program?** *(Delete the answer that DOESN'T apply):*
  - Yes *(if yes, please describe):*
  - No
9. **Primary method of service delivery** *(Delete those that DON'T apply):*
  - In home
  - In office
  - Web based
  - Phone based
10. **Are any languages other than English supported by and/or spoken at the program?** *(Delete the answer that DOESN'T apply):*
  - Yes *(if yes, which languages):*
  - No
11. **Please list the staff members you would like connected to this program:**
12. **Services the program directly provides and should receive referrals for** *(Unite Us categorizes programs into 20 total service types to assist providers in finding applicable services for their clients; you can reference the Unite Us Service Types Glossary to help categorize your program(s). Please choose the service type(s) that best fit the types of services your program directly provides and should receive referrals for.)* *(Delete those that DON'T apply):*
  - Benefits Navigation
    - Benefits Eligibility Screening
    - Health Insurance/Benefits
    - ID/Documentation Assistance
    - Immigration Services
  - Clothing & Household Goods
    - Appliances
    - Baby Supplies/Furniture
    - Clothing
    - Furniture
    - Houseware/Cookware
    - Phones/Electronics
    - Personal and Household Goods
  - Education
    - Computer/Technology Classes
  - Degrees/Certifications
    - Associate's Degree
    - Bachelor's Degree
    - Continuing Education
    - Doctorate Degree
    - GED
    - Master's Degree
    - Post-baccalaureate Programs
  - Early Childhood Education
  - Educational Support Services
  - Language Classes
  - Tuition Assistance
  - Employment
    - Career Skills Development
    - Internships/Work Experience

- Job Search/Placement
  - Job Training
- Entrepreneurship
  - Commercial Real Estate
  - Entrepreneurial Training
  - Fundraising and Financing
  - Pro Bono Business Attorneys
- Food Assistance
  - Emergency Food
  - Prepared Meals
  - School Meals
  - SNAP/WIC/Nutrition Benefits
- Housing & Shelter
  - Assisted Living
  - Emergency Housing
  - Home Expense Assistance/Repairs
  - Home Loans and Financing
  - House Applications/Re-certifications
  - Housing Mediation & Eviction Prevention
  - Moving Assistance
  - Permanent Housing
  - Rent/Mortgage Payment Assistance
  - Transitional Housing
- Income Support
  - Emergency/One-time Financial Assistance
  - SSI/SSD & Disability Benefits
  - TANF/Cash Assistance Programs
  - Unemployment Insurance
  - Veterans' Pension & Disability Benefits
- Individual & Family Support
  - Adult Day Programs
  - Caregiving Services
  - Case/Care Management
  - Child Care
  - Environmental Modifications/Accessibility
  - Holiday Programs
  - Interpretation Services
  - Life Coaching
  - Life Skills Training & Support
  - Mentoring
  - Parenting Education
  - Peer Support
  - Respite Care
  - Service Animals
  - Support Groups
- Legal
  - Bankruptcy Law
  - Consumer Rights & Debt Advocacy
  - Criminal Law
  - Education Law
  - Employment Law
  - Expungements
  - Family Law
  - Health Law
  - Housing Law
  - Immigration Law
  - Military Discharge Upgrade
  - Military Law
  - Public Benefits Advocacy
  - Tax Law
  - Veterans Benefits Advocacy
- Wills & Estates
- Mental/Behavioral Health
  - Behavioral Skills Training and Support
  - Conjoint Counseling
  - Crisis Intervention
  - Family Counseling
  - Group Counseling
  - Individual Counseling
  - Inpatient Mental Health
  - Mental Health Evaluation
  - Mental Health Expense Assistance
  - Mental Health Information/Education
  - Psychiatric Services
  - Supportive Therapies
  - Youth Mental Health Services
- Money Management
  - Financial Counseling
  - Financial Literacy Classes
  - Tax Preparation Services
- Physical Health
  - Chronic Disease Prevention & Management
  - Dental Care
  - Health Coaching
  - Home-based Care
  - Hospice & Palliative Care
  - Long Term Care (Facility-based)
  - Medical Case Management Services
  - Medical Equipment/Assistive Technology
  - Medical Expense Assistance
  - Primary Care
  - Rehabilitative/Habilitative Services
  - Screenings & Immunizations
  - Specialty Care
- Social Enrichment
  - Advocacy Groups
  - Arts & Crafts Classes
  - Cooking Classes
  - Leadership Development
  - Music Classes
  - Peer to Peer Networking
  - Professional Development
  - Special Interest Clubs
  - Volunteer Opportunities
  - Youth Development
- Spiritual Enrichment
- Sports & Recreation
  - Adaptive Sports
  - Boating/Water Activities
  - Exercise Classes/Groups
  - Extreme Sports
  - Individual/Team Sports
  - Martial Arts
  - Outdoor Activities
  - Snow Sports
- Substance Use
  - Drug/Alcohol Testing
  - Harm Reduction
  - Substance Use Counseling
  - Substance Use Expense Assistance
  - Substance Use Recovery Support
  - Substance Use Treatment

- Tobacco Cessation
- Transportation
  - Ride Coordination
  - Transportation Expense Assistance
  - Transportation Passes/Vouchers
- Utilities
  - Home Energy/Utilities Benefits
  - Utility Bill Payment Assistance
- Wellness
  - Alternative Medicine
  - Health Literacy Classes
  - Mindfulness and Meditation
  - Nutrition Education & Counseling
  - Therapeutic Programs & Retreats
  - Wellness Expense Assistance

## Program 12 - Eligibility

If the program eligibility is the same as a previous program, indicate which below and leave section blank:

13. Are any residency requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe):
  - No
14. Are there any income requirements to be eligible for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Is there a maximum % AMI (Area Median Income) or % FPL (Federal Poverty Line) for eligibility?
    - Are income requirements based on the head of household/client seeking services, or on the entire household's income?
  - No
15. Is U.S. citizenship or a particular immigration status required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe which statuses clients can have to be eligible):
  - No
16. Does the program require the client to be able to work? *(Delete the answer that DOESN'T apply):*
- Yes
  - No
17. Is a disability required to be eligible for the program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe, addressing the following as applicable):
    - Who must have the disability? (e.g. head of household, any household member)
    - Does the disability need to be documented?
    - What kinds of disabilities are eligible/not eligible?
  - No
18. Is there an age requirement for this program? *(Delete the answer that DOESN'T apply):*
- Yes (if yes, please describe the age requirement):
  - No
19. Population(s) that the program is restricted to serving (If your program is limited to serving specific populations (i.e. cannot serve any other populations besides these due to grant requirements, etc.), please select those populations you serve below. Please avoid selecting all.) *(Delete those that DON'T apply):*
- Can serve all populations
  - Adolescents (13-19 years)
  - Caregivers (non-paternal)
  - Children (4-12 years)
  - Domestic violence survivors
  - Homebound
  - Homeless
  - Immigrants and refugees
  - Infants and toddlers (0-3 years)
  - Justice-involved
  - LGBTQ+
  - Low-income individuals and households
  - Native Americans or Alaska Natives
  - People with cognitive disabilities
  - People with developmental disabilities
  - People with HIV/AIDS

- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If Other, please describe

**20. If limited to a particular population, are any family or household members eligible for the program?**

*(Delete the answer that DOESN'T apply):*

- Yes (if yes, who is eligible for the program): *(Delete those that DON'T apply):*
  - Spouse
  - Dependents
  - Any Household Members
  - Other (if other, please describe)
- No

**21. Population(s) that the program specializes in serving** *(If your program specializes in serving a specific population(s) (i.e. has developed expertise in serving specific population(s) but can serve others outside of the population), please select those populations below. Please avoid selecting all.) (Delete those that DON'T apply):*

- Can serve all populations
- Adolescents (13-19 years)
- Caregivers (non-paternal)
- Children (4-12 years)
- Domestic violence survivors
- Homebound
- Homeless
- Immigrants and refugees
- Infants and toddlers (0-3 years)
- Justice-involved
- LGBTQ+
- Low-income individuals and households
- Native Americans or Alaska Natives
- People with cognitive disabilities
- People with developmental disabilities
- People with HIV/AIDS
- People with mental health issues
- People with physical disabilities
- People with substance use issues
- Pregnancy
- Registered sex offenders
- Seniors
- Sexual assault survivors
- Unemployed
- Veterans and military families
- Victims of crime
- Victims of natural disaster
- Other
  - If other, please describe

**22. If applicable, please select the documents needed to participate in the program** *(Delete those that DON'T apply):*

- Birth certificate
- Death certificate
- DD-214
- Eviction notice
- Employment Authorization Document
- Government-issued ID
- Proof of citizenship/immigration status
- Proof of disability
- Proof of diagnosis/psychological evaluation
- Proof of expenses
- Proof of income
- Proof of insurance/insurance ID card
- Proof of residence
- Proof of resources
- Proof of student status
- Utility bill(s)
- None
- Other
  - If other, please describe

**23. Are there any other eligibility criteria for this program**