

Please help **Hubbard Public Library** create a directory of local agencies/businesses/organizations/individuals available in our specific community that offer assistance, including social organizations, individuals providing resources (i.e. completed Eagle Scout projects), and business that give back to the community. Our goal is a comprehensive list of ways we all work together to help others in need.

Agency Name: (full legal name): \_\_\_\_\_

Address: \_\_\_\_\_  
Street

City State Zip

Main administrative telephone number: \_\_\_\_\_

Other names that organization may be known as (e.g. acronyms and short forms): \_\_\_\_\_

Specific service/intake or emergency phone number (if applicable): \_\_\_\_\_

Toll-free number (if applicable): \_\_\_\_\_

Email address: \_\_\_\_\_

Web site: \_\_\_\_\_

Person in Charge: \_\_\_\_\_

Title: \_\_\_\_\_

Fax number (if applicable): \_\_\_\_\_

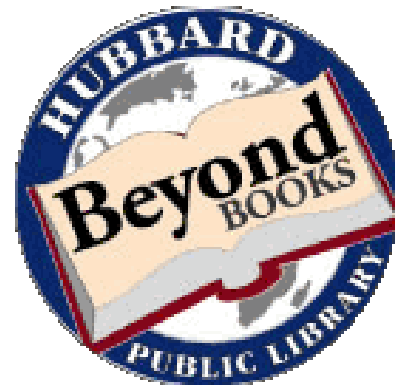
Office hours and days (e.g. Mon-Fri 9am-5pm or 24/7): \_\_\_\_\_

Other social media addresses: \_\_\_\_\_

Contact person (if different from Person in Charge): \_\_\_\_\_

Organization Type (select only one):

- Private nonprofit
- 501 (c) 3
- Faith-based
- City
- County
- State
- Federal
- Proprietary/commercial/for profit
- Special district
- Other \_\_\_\_\_



Brief organizational description (1-3 sentence overview): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Survey completed by: \_\_\_\_\_

Date: \_\_\_\_\_

*On the following page is the form for your agency's program(s).*

*If your agency operates more than one program, please make copies of the following page and complete a separate entry for every program.*

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### **Program/Service Information**

Specific Program name (e.g. Reading Program): \_\_\_\_\_

Address at which program is available (if different than agency address):

\_\_\_\_\_

Telephone number (if different from the agency number): \_\_\_\_\_

Email address (if different from agency email): \_\_\_\_\_

Web Site (if different from agency website): \_\_\_\_\_

Person in Charge (if different from agency person): \_\_\_\_\_

Title of person in charge of program: \_\_\_\_\_

Fax number (if different from agency fax): \_\_\_\_\_

Specific Program name (e.g. Reading Program): \_\_\_\_\_

Hours (if different from agency hours): \_\_\_\_\_

Program also known as (e.g. initials, short form): \_\_\_\_\_

Description of the service provided by this program:

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Population targeted for this service/program (as specific as possible): \_\_\_\_\_

Office hours and days (e.g. Mon-Fri 9am-5pm): \_\_\_\_\_

Eligibility (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Open to everyone                        | <input type="checkbox"/> Veterans                 |
| <input type="checkbox"/> Individuals / families with low incomes | <input type="checkbox"/> Children (ages 4-12)     |
| <input type="checkbox"/> Seniors/older adults                    | <input type="checkbox"/> Adolescents (ages 13-17) |
| <input type="checkbox"/> Victims of Crime                        |   |
| <input type="checkbox"/> Homeless                                |   |
| <input type="checkbox"/> Families with Special Needs (birth-22)  |   |

Fees/Payment (check all that apply or that are most applicable):

- None/not applicable
- Call for details
- Sliding scale. Call for details
- Nominal membership fee
- Membership fee
- Donations requested but optional
- Nominal cost
- Subsidies and/or scholarships available. Call for details
- Fees vary by program. Call for details
- Medicare, private insurance and private payment accepted
- Medicaid, private insurance and private payment accepted
- Medicare, Medicaid, private insurance and private payment accepted
- Medicare, Medicaid, private insurance and private payment accepted. Sliding scale if no insurance
- Medicare, Medicaid, private insurance and private payment accepted. Sliding scale if no insurance but no one refused service
- Private insurance and/or private payment only
- Private payment only
- Other \_\_\_\_\_

Specific Program name (e.g. Reading Program): \_\_\_\_\_

Intake/application procedure (check all that apply or that are most applicable):

- |  |  |
|--|--|
| <input type="checkbox"/> Call to apply               | <input type="checkbox"/> Walk in to apply            |
| <input type="checkbox"/> Call for service            | <input type="checkbox"/> Walk in for service         |
| <input type="checkbox"/> Call for assistance         | <input type="checkbox"/> Appointment preferred       |
| <input type="checkbox"/> Call for information        | <input type="checkbox"/> Appointment required        |
| <input type="checkbox"/> Call or walk in to apply    | <input type="checkbox"/> Professional referral only  |
| <input type="checkbox"/> Call or walk in for service | <input type="checkbox"/> Physician referral required |

Languages other than English *consistently available* for the public: \_\_\_\_\_

Documentation required (check all that apply or that are most applicable):

- |  |   |
|--|---|
| <input type="checkbox"/> No documentation required           | <input type="checkbox"/> Proof of address         |
| <input type="checkbox"/> No documentation initially required | <input type="checkbox"/> Proof of income          |
| <input type="checkbox"/> Call for details                    | <input type="checkbox"/> Proof of age             |
| <input type="checkbox"/> Picture ID                          | <input type="checkbox"/> Social security care     |
| <input type="checkbox"/> Two pieces of picture ID            | <input type="checkbox"/> Physician order required |
| <input type="checkbox"/> Other (specify):<br>_____           |   |

**DOES YOUR AGENCY NEED VOLUNTEERS?**

- Age 18 and over only**
- High school students in need of community service hours for school should contact us**
- Occasionally, for special events**
- Call for information**
- Our organization is accepting NEW MEMBERS. PLEASE CONTACT FOR MEMBERSHIP INFORMATION.**

Survey completed by: \_\_\_\_\_

Date: \_\_\_\_\_

These forms may be returned

In person or by mail to:

**Amy Zell**

Hubbard Public Library

436 West Liberty Street

Hubbard, Ohio 44425

By email:

[amy@beyond-books.org](mailto:amy@beyond-books.org)

by March 15, 2019

Thank you!