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<td>Ladies of Charity of Dallas, Inc.</td>
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<td>Nexus Recovery Center</td>
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<td>North Dallas Shared Ministries</td>
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<td>North Texas Society of Psychiatric Physicians</td>
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<td>Turtle Creek Recovery Center</td>
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<td>Veterans Affairs</td>
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<td>We Care Facilities, LLC</td>
<td>142</td>
</tr>
<tr>
<td>Wilkinson Center</td>
<td>144</td>
</tr>
</tbody>
</table>
**ABC BEHAVIORAL HEALTH, LLC PROGRAM PROFILE**

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>ABC Behavioral Health MENTAL HEALTH SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>4600 Samuell Blvd, Dallas TX 75228</td>
</tr>
</tbody>
</table>
| CONTACT NAME(S) (For persons seeking assistance): | Claudia Sanchez Admissions Coordinator  
Julianne Pyle Admissions Team Leader |
| CONTACT INFORMATION: |  
Phone: 214-275-8500, Ext 206  
E-mail Address: csanchez@abcbh.com  
Fax: 214-388-3800  
214-275-8500, Ext 111  
jpyle@abcbh.com |

**Appointments can be made:**  
- Phone  
- E-Mail  
- Fax  
- Walk-In  
  
**Hours during which intake is conducted:**  
9:00 a.m. to 4:30 p.m.  

**Applicants need to bring the following in order to qualify for services:**  
- Identification (Describe): Picture Identification when available  
- Proof of Income (Describe): If no income, letter showing who is providing support, whether family or an agency  
- Proof of last known or current address (Describe): Utility bill, or if staying with others their letter will work for this also  
- Proof of Disabled Status (Describe): If on disability, bring proof of coverage like Medicare Card or Medicaid letter  
- Referral Letter (Describe): Will need to qualify financially for NorthStar, and have one of the diagnoses that NorthStar can treat (see below)  
- Other (Describe): Will need to qualify financially for NorthStar, and have one of the diagnoses that NorthStar can treat (see below)  

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

We provide services to adults who are diagnosed with Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, or Major Depressive Disorder- Moderate or Serious. These services include: an initial intake to assure eligibility and appropriateness for the services we provide, and then if so, a Psychiatric Evaluation and medication management and case management and skills teaching to address other needs identified by the client. Case management may mean getting assistance to get benefits approved, resolving problems with others, and possibly housing. All the services are tailored for the individual, based on the areas they agree to work on. Skills’ teaching happens in both individual and group settings. Many of the groups offered are led by Peer Facilitators.

Housing is only offered to people who are homeless, and meet the HUD definition of this. This starts with coming to the Homeless Engagement Group, which meets every Friday at 1:30 pm. If they qualify, they work with caseworker and are encouraged to come to groups to learn more about recovery.

**Is there a monetary charge to participate?**  
- Yes  
- No  
  
If yes, describe it below:
### Are participants required to attend religious activities?
- **Yes** X  No  
  If yes, describe below:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ELIGIBILITY:</td>
<td>If financially and clinically eligible, all adults 18 and over can come for services</td>
</tr>
</tbody>
</table>
|  | Single Males  
|  | Single Females  
|  | Families  
|  | Married Couples  
|  | Unmarried Couples  |

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DISABILITY / EMPLOYMENT STATUS:</td>
<td>Must a household be disabled in order to qualify?  - Yes X  No</td>
</tr>
<tr>
<td></td>
<td>Must a household be employed / receiving income in order to qualify?  - Yes X  No</td>
</tr>
</tbody>
</table>
|  | Does the Program accept:  
|  | Pregnant Females  X Undocumented persons  X Felons  X Sex Offenders  
|  | Persons who are currently using drugs  X Mentally ill persons who are un-medicated  
|  | Are boys separated from families at a certain age?  - Yes  No. Does not apply to mental health services  
|  | If yes, describe what age and how that process is handled in the space below:  |

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| AGE:  | Does this program have age restrictions?  
|  | X Yes  
|  | No  
|  | If so, please provide them in the space provided below. At this time, must be at least 17 ½ years of age  |

**Describe below any other requirements which must be met by program participants in order to qualify:**
- Must have been or be diagnosed with Schizophrenia, Schizoaffective Disorder, Bipolar Disorder or Major Depression, moderate or severe.

**Describe below what might cause a household to be removed from the program:**
- If they won’t come and see the doctor or sign a consent for us to get records from a psychiatrist outside our program.  
- If they are physically aggressive to other clients or staff  
- For the Housing program, if they continue to relapse on drugs or alcohol, or refuse to follow the rules of the program.
## AIDS SERVICES OF DALLAS PROGRAM PROFILE

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>AIDS Services of Dallas</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>834 N. Marsalis, 720 N. Lancaster, 731 N. Ewing, and 717 Comal Dallas, 75203</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Louella Pointer</td>
</tr>
<tr>
<td>CONTACT INFORMATION:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>214-941-4411 x511</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:lpointer@aidsdallas.org">lpointer@aidsdallas.org</a></td>
</tr>
<tr>
<td>Fax:</td>
<td>214-389-0977</td>
</tr>
<tr>
<td>Appointments can be made:</td>
<td>Phone ☑ E-Mail ☑ Fax ☑ Walk-In</td>
</tr>
<tr>
<td>Hours during which intake is conducted:</td>
<td>Wed: 9-11; Fri: 9-11</td>
</tr>
</tbody>
</table>

**Applicants need to bring the following in order to qualify for services:**

- **Identification (Describe):** In most instances: State-issued Photo ID, SS Card, Birth Certificate
- **Proof of Income (Describe):** Disability/Retirement award letter, Pay stubs or declaration of 0 income
- **Proof of last known or current address (Describe):** Utility bills, ID, lease, letter from homeless shelter, etc.
- **Proof of Disabled Status (Describe):** Letter of diagnosis for HIV/AIDS
- **Referral Letter (Describe):**
- **Other (Describe):**
- **Other (Describe):**
- **Other (Describe):**

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Residential services for adults and family members of low-income and/or homeless individuals with HIV. Food service, case management, and medical case management.

Is there a monetary charge to participate? ☑ Yes ☐ No If yes, describe it below: HUD-prescribed low income rents.

Are participants required to attend religious activities? ☐ Yes ☑ No If yes, describe below:

**ELIGIBILITY:**

- ☑ Single Males
- ☑ Single Females
- ☑ Families
- ☑ Married Couples
- ☑ Unmarried Couples
### DISABLED / EMPLOYMENT STATUS:

- Must a household be disabled in order to qualify? Yes ☒ No ☐ HIV diagnosis
- Must a household be employed / receiving income in order to qualify? Yes ☐ No ☒

### Does the Program accept:

- ☒ Pregnant Females  ☒ Undocumented persons  ☒ Felons  ☐ Sex Offenders
- ☐ Persons who are currently using drugs  ☐ Mentally ill persons who are un-medicated

### Are boys separated from families at a certain age? Yes ☐ No ☒

If yes, describe what age and how that process is handled in the space below:

### AGE:

<table>
<thead>
<tr>
<th>Does this program have age restrictions?</th>
<th>☒ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

If so, please provide them in the space provided below.

Minor children must be accompanied by a custodial adult

### Describe below any other requirements which must be met by program participants in order to qualify:

The only qualifier is low income and/or homeless individual or family living with HIV/AIDS.

### Describe below what might cause a household to be removed from the program:

Physical altercations or behaviors that are deemed threatening to staff or others residents.
**PROGRAM NAME:** Captain Hope’s Kids  
Captain Hope’s Closet

**PROGRAM SERVICE ADDRESS:**

**CONTACT NAME(S) (For persons seeking assistance):** Jeanne Reyer

**CONTACT INFORMATION:**

<table>
<thead>
<tr>
<th>Phone:</th>
<th>214-630-5765</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:Jeanne@captainhope.org">Jeanne@captainhope.org</a></td>
</tr>
<tr>
<td>Fax:</td>
<td>214-630-8782</td>
</tr>
</tbody>
</table>

**Appointments can be made:**  
- [ ] Phone  
- [X] E-Mail  
- [ ] Fax  
- [ ] Walk-In

**Hours during which intake is conducted:** 9 AM to 5 PM

**Applicants need to bring the following in order to qualify for services:**

- [X] Identification (Describe): 501c3 designation from IRS
- [ ] Proof of Income (Describe): 
- [ ] Proof of last known or current address (Describe): 
- [ ] Proof of Disabled Status (Describe): 
- [ ] Referral Letter (Describe): 
- [ ] Other (Describe): 
- [ ] Other (Describe): 
- [ ] Other (Describe): 

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Our targeted populations are the homeless infants and children, birth through 17 years. **Captain Hope’s Closet** and **RAP** (Recreational Activities Program) serves North Texas homeless infants and children, birth-17 years, providing items for the most vulnerable of the homeless. For infants and toddlers we provide diapers, pull-ups, wipes, formula, lotions, and ointments. It also supplies the homeless children in our partner agencies with school uniforms and supplies. The homeless services providers fax a list of needs to us and we distribute the items right to their doorstep. Services are not available to the public.

Is there a monetary charge to participate?  
- [ ] Yes  
- [X] No  
If yes, describe it below:

Are participants required to attend religious activities?  
- [ ] Yes  
- [X] No  
If yes, describe below:
**ELIGIBILITY:**

- Single Males
- Single Females
- Families
- Married Couples
- Unmarried Couples

**DISABLED / EMPLOYMENT STATUS:**

- Must a household be disabled in order to qualify?  
  - Yes
  - No
- Must a household be employed / receiving income in order to qualify?  
  - Yes
  - No

**Does the Program accept:**

- Pregnant Females
- Undocumented persons
- Felons
- Sex Offenders
- Persons who are currently using drugs
- Mentally ill persons who are un-medicated

- Are boys separated from families at a certain age?  
  - Yes
  - No
  
  If yes, describe what age and how that process is handled in the space below:

<table>
<thead>
<tr>
<th>AGE:</th>
<th>Does this program have age restrictions?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

If so, please provide them in the space provided below.

Our targeted populations are the homeless infants and children, birth through 17 years.

**Describe below any other requirements which must be met by program participants in order to qualify:**

- Must be recommended.

**Describe below what might cause a household to be removed from the program:**
### Program Profile

<table>
<thead>
<tr>
<th><strong>Program Name:</strong></th>
<th>Catholic Charities of Dallas HPRP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Service Address:</strong></td>
<td>4009 Elm Street Dallas, TX 75226</td>
</tr>
<tr>
<td><strong>Contact Name(s):</strong> (For persons seeking assistance):</td>
<td>Marcie Himes</td>
</tr>
<tr>
<td><strong>Contact Information:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Phone:</strong></td>
<td>214-826-8330 Ext 111</td>
</tr>
<tr>
<td><strong>E-mail Address:</strong></td>
<td><a href="mailto:mhimes@brady.catholiccharitiesdallas.org">mhimes@brady.catholiccharitiesdallas.org</a></td>
</tr>
<tr>
<td><strong>Fax:</strong></td>
<td>214-826-8579</td>
</tr>
</tbody>
</table>

**Appointments can be made:**
- [x] Phone
- [ ] E-Mail
- [ ] Fax
- [ ] Walk-In

**Hours during which intake is conducted:** 8:30-4:30 M-F

**Applicants need to bring the following in order to qualify for services:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification (Describe):</td>
<td>Drivers License or ID card/Social Security Card</td>
</tr>
<tr>
<td>Proof of Income (Describe):</td>
<td>Pay stubs</td>
</tr>
<tr>
<td>Proof of last known or current address (Describe):</td>
<td></td>
</tr>
<tr>
<td>Proof of Disabled Status (Describe):</td>
<td></td>
</tr>
<tr>
<td>Referral Letter (Describe):</td>
<td></td>
</tr>
<tr>
<td>Other (Describe):</td>
<td>Eviction notice</td>
</tr>
<tr>
<td>Other (Describe):</td>
<td>Utility bills/Copy of Lease</td>
</tr>
<tr>
<td>Other (Describe):</td>
<td>Proof of Citizenship</td>
</tr>
</tbody>
</table>

**Program Description:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Program provides short term homelessness prevention services including rental and utility assistance for persons who qualify and are on the threshold of homelessness.

**Is there a monetary charge to participate?**
- [ ] Yes
- [x] No

If yes, describe it below:

**Are participants required to attend religious activities?**
- [ ] Yes
- [x] No

If yes, describe below:
### ELIGIBILITY:

<table>
<thead>
<tr>
<th></th>
<th>Single Males</th>
<th>Single Females</th>
<th>Families</th>
<th>Married Couples</th>
<th>Unmarried Couples</th>
</tr>
</thead>
</table>

### DISABLED / EMPLOYMENT STATUS:

Must a household be disabled in order to qualify? □ Yes □ No

Must a household be employed / receiving income in order to qualify? □ Yes □ No

### Does the Program accept:

- ☒ Pregnant Females
- ☐ Undocumented persons
- ☐ Felons
- ☐ Sex Offenders
- ☐ Persons who are currently using drugs
- ☐ Mentally ill persons who are un-medicated

Are boys separated from families at a certain age? □ Yes □ No □ NA

If yes, describe what age and how that process is handled in the space below:

### AGE:

- □ Yes □ No

If so, please provide them in the space provided below.

### Describe below any other requirements which must be met by program participants in order to qualify:

- Legal Resident
- No other resources or housing alternatives
- Evidence of eviction or dire situation
- Would be homeless were it not for the assistance provided
- At or below 50% of AMFI

### Describe below what might cause a household to be removed from the program:

- Providing fraudulent information
- No longer meet eligibility requirements
**CATHOLIC CHARITIES OF DALLAS PROGRAM PROFILE**

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>Catholic Charities of Dallas Emergency Assistance Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>4009 Elm Street Dallas TX 75226 (Brady Center) 2827 Lapsley Street, Dallas TX 75212 (Marillac) 4906 Bonnie View Dallas TX 75241 (Cross)</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Intake Worker Aaron Alarcon - Program Director</td>
</tr>
<tr>
<td>CONTACT INFORMATION:</td>
<td>Phone: 214-826-8330/214-638-4997/214-3762560</td>
</tr>
<tr>
<td></td>
<td>E-mail Address: <a href="mailto:Aalarcon@brady.catholiccharitiesdallas.org">Aalarcon@brady.catholiccharitiesdallas.org</a></td>
</tr>
<tr>
<td></td>
<td>Fax: 214 826-8579</td>
</tr>
<tr>
<td>Appointments can be made: Mondays Phone E-Mail Fax Walk-In</td>
<td>Phone X E-Mail  Fax  Walk-In</td>
</tr>
<tr>
<td>Hours during which intake is conducted:</td>
<td>8:30-4:30</td>
</tr>
<tr>
<td>Applicants need to bring the following in order to qualify for services:</td>
<td></td>
</tr>
<tr>
<td>✔ Identification (Describe): Social Security or Alternative ID/Picture ID</td>
<td></td>
</tr>
<tr>
<td>✔ Proof of Income (Describe): Check stubs</td>
<td></td>
</tr>
<tr>
<td>✔ Proof of last known or current address (Describe):</td>
<td></td>
</tr>
<tr>
<td>✔ Proof of Disabled Status (Describe):</td>
<td></td>
</tr>
<tr>
<td>✔ Referral Letter (Describe):</td>
<td></td>
</tr>
<tr>
<td>✔ Other (Describe): Proof of expenses/bills</td>
<td></td>
</tr>
<tr>
<td>✔ Other (Describe): Utility Bills</td>
<td></td>
</tr>
<tr>
<td>✔ Other (Describe): Copy of Lease</td>
<td></td>
</tr>
</tbody>
</table>

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Program provides emergency financial assistance on a 1 time per 12 month basis to families experiencing a financial crisis, including rental and utility assistance. Food pantry serves individuals and families who qualify. Caseworkers assess situation and refer clients to financial education services, GED, ESL and other programs aimed at assisting families in becoming more self-sufficient. Tax assistance provided in the spring.

Is there a monetary charge to participate? [ ] Yes  [x] No  If yes, describe it below:

Are participants required to attend religious activities? [ ] Yes  [x] No  If yes, describe below:
ELIGIBILITY:
- Single Males
- Single Females
- Families
- Married Couples
- Unmarried Couples

DISABLED / EMPLOYMENT STATUS:
Must a household be disabled in order to qualify?  Yes  No
Must a household be employed / receiving income in order to qualify?  Yes  No

Does the Program accept:
- Pregnant Females
- Undocumented persons
- Felons
- Sex Offenders
- Persons who are currently using drugs
- Mentally ill persons who are un-medicated

Are boys separated from families at a certain age?  Yes  No  NA
If yes, describe what age and how that process is handled in the space below:

AGE:  Does this program have age restrictions?  Yes  No
If so, please provide them in the space provided below.

18+

Describe below any other requirements which must be met by program participants in order to qualify:
- Client has a verifiable need for service requested
- Resides in the zip codes served by the site
- Able to provide necessary documentation
- Meets income guidelines

Describe below what might cause a household to be removed from the program:
NA
### CENTRAL DALLAS MINISTRIES PROGRAM PROFILE

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>Central Dallas Ministries Destination Home Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>7311 Chaucer Place, Bldg. #7311, Apt. B,C,D, Dallas, Texas 75237</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Gaylord Thomas</td>
</tr>
<tr>
<td>CONTACT INFORMATION:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>972/709-7628  214/808-2680</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:gthomas@centraldallasministries.org">gthomas@centraldallasministries.org</a></td>
</tr>
<tr>
<td>Fax:</td>
<td></td>
</tr>
<tr>
<td>Appointments can be made:</td>
<td>☒ Phone ☐ E-Mail ☐ Fax ☐ Walk-In</td>
</tr>
<tr>
<td>Hours during which intake is conducted:</td>
<td>M- F 9 AM – 5 PM</td>
</tr>
<tr>
<td>Applicants need to bring the following in order to qualify for services:</td>
<td></td>
</tr>
<tr>
<td>☒ Identification (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Proof of Income (Describe):</td>
<td></td>
</tr>
<tr>
<td>☒ Proof of last known or current address (Describe):</td>
<td></td>
</tr>
<tr>
<td>☒ Proof of Disabled Status (Describe):</td>
<td></td>
</tr>
<tr>
<td>☒ Referral Letter (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Other (Describe):</td>
<td></td>
</tr>
</tbody>
</table>

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Destination Home is a permanent supportive housing program for single individuals who are homeless and have a disability. Comprehensive case management services are provided to residents to improve residential stability, promote greater independent living and address any barriers to maintaining self-sufficiency. Services include internal referrals within the organization such as legal services, healthcare, counseling, employment training, technology access as well as services offered by partner agencies (counseling, substance abuse treatment, financial assistance, etc.). Through the intake process, we emphasize accepting clients who are participating in the programs of our partner agencies that focus on homelessness. In this way, Destination Home ensure that services are offered to people who are ready for this ‘next step’ in housing, while also providing a stable structure around the lives of clients that will improve their long-term success.

Is there a monetary charge to participate? ☐ Yes ☒ No  If yes, describe it below:  

Are participants required to attend religious activities? ☐ Yes ☒ No  If yes, describe below:
**ELIGIBILITY:**

<table>
<thead>
<tr>
<th>Single Males</th>
<th>Single Females</th>
<th>Families</th>
<th>Married Couples</th>
<th>Unmarried Couples</th>
</tr>
</thead>
</table>

**DISABLED / EMPLOYMENT STATUS:**

- Must a household be disabled in order to qualify? Yes, No
- Must a household be employed / receiving income in order to qualify? Yes, No

**Does the Program accept:**

- Pregnant Females
- Undocumented persons
- Felons
- Sex Offenders
- Persons who are currently using drugs
- Mentally ill persons who are un-medicated

**Are boys separated from families at a certain age?** Yes, No

If yes, describe what age and how that process is handled in the space below:

**AGE:**

- Does this program have age restrictions? Yes, No
- If so, please provide them in the space provided below.

  Must be at a minimum age of 18 or older

**Describe below any other requirements which must be met by program participants in order to qualify:**

The only qualifier is limitations of the agency: there is no doctor/physiatrist on staff thus we are not able to accept un-medicated mentally ill clients into the programs.

**Describe below what might cause a household to be removed from the program:**

- No show to appointments;
- Not following rules and regulations;
- Threatening a staff member or other program participants.
PROGRAM NAME: Central Dallas Ministries (CDM)  
OnTRAC Transitional Housing

PROGRAM SERVICE ADDRESS: 3108 Live Oak Street, Dallas, TX 75204

CONTACT NAME(S) (For persons seeking assistance): Desi Cohn

CONTACT INFORMATION:
Phone: 214-370-9300 x 24
E-mail Address: desi@traconline.org
Fax: 214-370-9305

Appointments can be made: ☒ Phone ☒ E-Mail ☐ Fax ☒ Walk-In

Hours during which intake is conducted: M-F 9 AM – 5 PM

Applicants need to bring the following in order to qualify for services:

☒ Identification (Describe): State ID, school ID, or other picture ID
☐ Proof of Income (Describe):
☐ Proof of last known or current address (Describe):
☐ Proof of Disabled Status (Describe):
☐ Referral Letter (Describe):
☐ Other (Describe):

PROGRAM DESCRIPTION: Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

The Transition Resource Action Center (TRAC) was established to serve youth ages 14 – 24 who emancipate from substitute care (foster care or juvenile services) with no system of support. TRAC provides assistance with education, employment, housing, case management, mentoring and basic life skills like budgeting and decision-making. TRAC employees, volunteers, and mentors provide opportunities for these youth to achieve their hopes, dreams, and aspirations through assistance and support on their journey to independence.

The OnTRAC Transitional Housing Program is made up of two levels: Assessment Level and Independent Apartments. Youth interested should call for a phone screening. The next step is an interview for which only ID is required. If the candidate is accepted, then homeless documentation is required. The Assessment level is for young adults formerly in substitute care, aged 18-24, homeless, minimum IQ 70, capable of being employed within 3 months, not parenting, must be willing to save 50% of all income, must be willing to enroll in WIA, no self-harming behavior in past 60 days, no assaultive behavior in past 60 days, capable of and motivated to achieve independence through participation in case management, applicants with criminal history or sexual acting out history will be considered on a case-by-case basis. Residents of the Transitional Housing Program receive intensive case management related to all issues pertinent to becoming independent.

The Independent Apartments candidates are frequently young people who have graduated from the Assessment Apartments, though young people who have successfully lived independently before are considered. These candidates are youth formerly in substitute care, aged 18-24, minimum IQ 70,
demonstrates adequate life skills, is employable, pays 30% of income toward rent, no self-harming behavior in past 60 days, no assaultive behavior in past 60 days, capable of and motivated to achieve independence through participation in case management, applicants with criminal history or sexual acting out history will be considered on a case-by-case basis. Residents of the Independent Apartments receive case management services to support the maintenance of their independent apartment and the success of their independent living goals.

Is there a monetary charge to participate?  Yes  No  If yes, describe it below:

Are participants required to attend religious activities?  Yes  No  If yes, describe below:

---

**ELIGIBILITY:**
- Single Males
- Single Females
- Families
- Married Couples
- Unmarried Couples

**DISABLED / EMPLOYMENT STATUS:**
- Must a household be disabled in order to qualify?  Yes  No
- Must a household be employed / receiving income in order to qualify?  Yes  No

**Does the Program accept:**
- Pregnant Females
- Undocumented persons
- Felons
- Sex Offenders
- Persons who are currently using drugs
- Mentally ill persons who are un-medicated

Are boys separated from families at a certain age?  Yes  No
If yes, describe what age and how that process is handled in the space below:

**AGE:**
- Does this program have age restrictions?  Yes  No
If so, please provide them in the space provided below.

Young adults 18-24 at time of entry for transitional and permanent supportive housing; case management services are provided at earlier ages.

Describe below any other requirements which must be met by program participants in order to qualify:
Participants must be willing with their case manager to develop an Independent Transition Plan and to meet with their case manager to work on this plan weekly. Assessment Level candidates must be willing to live with up to two other residents in three bedroom apartments. Independent Apartment residents must meet in their apartment with their case manager at least once a month.

Describe below what might cause a household to be removed from the program:
Residents who engage in violence or the threat of violence, who illegally drink or use illegal drugs, who fail to participate in working on their Independent Transition Plan, who receive three major violations or who are evicted by the property management company may be removed from the program.
CENTRAL DALLAS MINISTRIES (CDM) PROGRAM PROFILE

PROGRAM NAME: Central Dallas Ministries (CDM) TRAC Shelter Plus Care Permanent Supportive Housing

PROGRAM SERVICE ADDRESS: 3108 Live Oak Street, Dallas, TX  75204

CONTACT NAME(S) (For persons seeking assistance): Desi Cohn

CONTACT INFORMATION:

Phone: 214-370-9300 x 24
E-mail Address: desi@traonline.org
Fax: 214-370-9305

Appointments can be made: ✗ Phone ✗ E-Mail ✗ Fax ✗ Walk-In

Hours during which intake is conducted: M-F 9-5

Applicants need to bring the following in order to qualify for services:

- Identification (Describe):
- Proof of Income (Describe):
- Proof of last known or current address (Describe):
- Proof of Disabled Status (Describe):
- Referral Letter (Describe):
- Other (Describe): Homeless documentation letters
- Other (Describe):
- Other (Describe):
- Other (Describe):

PROGRAM DESCRIPTION: Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

The Transition Resource Action Center (TRAC) was established to serve youth ages 14 – 24 who emancipate from substitute care (foster care or juvenile services) with no system of support. TRAC provides assistance with education, employment, housing, case management, mentoring and basic life skills like budgeting and decision-making. TRAC employees, volunteers, and mentors provide opportunities for these youth to achieve their hopes, dreams, and aspirations through assistance and support on their journey to independence.

This program is intended for homeless and disabled young people who need permanent supportive housing assistance. Criteria: aged 18-24 at entry, 70% of candidates must be chronically homeless, 30% homeless, disabled, no self-harming behavior in last 60 days, capable of living independently, willing to work with case manager on ongoing Independent Transition Plan twice monthly. Residents of the Shelter+Care program receive case management services to support their success in maintaining their apartment and the success of their independent living goals.
Is there a monetary charge to participate?  ☒ Yes  ☐ No  If yes, describe it below:

Are participants required to attend religious activities?  ☒ Yes  ☐ No  If yes, describe below:

<table>
<thead>
<tr>
<th>ELIGIBILITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Single Males  ☐ Single Females  ☐ Families  ☐ Married  ☐ Unmarried Couples</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISABLED / EMPLOYMENT STATUS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must a household be disabled in order to qualify?  ☒ Yes  ☐ No</td>
</tr>
<tr>
<td>Must a household be employed / receiving income in order to qualify?  ☒ Yes  ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the Program accept:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Pregnant Females  ☒ Undocumented persons  ☒ Felons  ☐ Sex Offenders  ☐ Persons who are currently using drugs  ☒ Mentally ill persons who are un-medicated</td>
</tr>
</tbody>
</table>

Are boys separated from families at a certain age?  ☐ Yes  ☒ No  If yes, describe what age and how that process is handled in the space below:

<table>
<thead>
<tr>
<th>AGE: Does this program have age restrictions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Yes  ☐ No  If so, please provide them in the space provided below.</td>
</tr>
</tbody>
</table>

Young adults 18-24 at time of entry for permanent supportive housing; case management services are provided at earlier ages.

Describe below any other requirements which must be met by program participants in order to qualify:

Participants must be willing with their case manager to develop an Independent Transition Plan and to meet with their case manager to work on this twice monthly. Shelter+Care residents must meet in their apartment with their case manager at least once a month.

Describe below what might cause a household to be removed from the program:

Residents who engage in violence or the threat of violence, who illegally drink or use illegal drugs, who fail to participate in working on their Independent Transition Plan, who receive three major violations or who are evicted by the property management company may be removed from the program.
| PROGRAM NAME: | Central Dallas Community Development Corporation  
CityWalk at Akard (permanent, affordable housing) |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>511 N. Akard Dallas, TX 75201</td>
</tr>
</tbody>
</table>
| CONTACT NAME(S) (For persons seeking assistance): | Naquanna Comeaux  
Johnice Woods  
Robin Loving (property management) |
| CONTACT INFORMATION: | |
| Phone: | 214.573.2570 ext.  
2133  
214.573.2570 ext.  
2134 |
| E-mail Address: | ncomeaux@centraldallascdc.org  
jwoods@centraldallascdc.org |
| Fax: | 214.468.8826 (Pinnacle property management) |
| Appointments can be made: | ☑ Phone  
☑ E-Mail  
☐ Fax  
☐ Walk-In |
| Hours during which intake is conducted: | Names and contact information of potential residents can be placed on the Call Back List Monday - Friday during business hours. Appointments to begin application process are set between the hours of 10am-5pm Monday – Friday. Weekend appointments are also available. |
| Applicants need to bring the following in order to qualify for services: | |
| ☑ Identification (Describe): | |
| ☑ Proof of Income (Describe): | |
| ☑ Proof of last known or current address (Describe): | |
| ☐ Proof of Disabled Status (Describe): | |
| ☑ Referral Letter (Describe): | Letter to verify homeless status |
| ☑ Other (Describe): | Property management may request and require additional documentation from a potential resident to complete the application process, which results in either an approval or denial for residency. |
| ☑ Other (Describe): | An application fee and a deposit are required. |
| ☐ Other (Describe): | |
**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

CityWalk at Akard is permanent, affordable housing for formerly homeless and low-income individuals and families.

Attendance and participation in our regularly scheduled activities and events are strictly voluntary to residents, but strongly encouraged. In addition to programs and activities which include Life Skills, Healthy Eating Basics, Book Club, Community Spotlight, Rainbow Days resources and summer camps for children, along with the upcoming Career Connection series and men and women's bible studies, there will be on-site case management services and a clinic.

Is there a monetary charge to participate?  ☑ Yes  ☐ No  If yes, describe it below:

Are participants required to attend religious activities?  ☑ Yes  ☐ No  If yes, describe below:

---

**ELIGIBILITY:**

☑ Single Males  ☑ Single Females  ☑ Families  ☑ Married Couples  ☑ Unmarried Couples

**DISABLED / EMPLOYMENT STATUS:**

Must a household be disabled in order to qualify?  ☑ Yes  ☐ No

Must a household be employed / receiving income in order to qualify?  ☑ Yes  ☐ No

**Does the Program accept:**

☑ Pregnant Females  ☐ Undocumented persons  ☐ Felons  ☑ Sex Offenders  ☐ Persons who are currently using drugs  ☐ Mentally ill persons who are un-medicatted

Are boys separated from families at a certain age?  ☑ Yes  ☐ No

If yes, describe what age and how that process is handled in the space below:

**AGE:**

Does this program have age restrictions?  ☑ Yes  ☐ No

If so, please provide them in the space provided below.

A potential resident must be at least 18 years of age in order to apply to lease an apartment.

Describe below any other requirements which must be met by program participants in order to qualify:

Please view the attached application criteria.

**Describe below what might cause a household to be removed from the program:**

Any lease violation, which is handled through property management.
**PROGRAM NAME:** City of Dallas Supportive Homeless Housing  
**PROGRAM SERVICE ADDRESS:** 1818 Corsicana, Bldg. #2, Dallas, Tx 75201  
**CONTACT NAME(S) (For persons seeking assistance):** Melva Bazan  
**CONTACT INFORMATION:**  
| Phone: | (214) 671-0062 |
| E-mail Address: | Melva.bazan@dallascityhall.com |
| Fax: | (214) 243-2024 |

**Appointments can be made:**  
- ☑ Phone  
- ☑ E-Mail  
- ☑ Fax  
- ☑ Walk-In

**Hours during which intake is conducted:** M-F / 8a-5p

**Applicants need to bring the following in order to qualify for services:**

| Identification (Describe): |
| Proof of Income (Describe): |
| Proof of last known or current address (Describe): |
| Proof of Disabled Status (Describe): |
| Referral Letter (Describe): |
| ☑ Other (Describe): | After initial assessment, if client can not provide the necessary documentation to qualify for services, assistance will be provided to help client achieve what is needed to qualify for services. |

| ☐ Other (Describe): |
| ☐ Other (Describe): |

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

The Supportive Housing program provides rental assistance and supportive services to chronically homeless persons while they become stabilized. The goal of the program is to assist the participants obtain and remain in stable housing, increase skills and/or income, and achieve greater self-determination. The supportive services provided to program participants include assessing the needs of the individuals and facilitating access to ancillary services such as health care (both physical and mental), housing placement, job training and placement, substance abuse treatment, transportation, hygiene, and food. The Program provides assistance to legal resident of City of Dallas.

**Is there a monetary charge to participate?**  
- ☑ Yes  
- ☑ No  

If yes, describe it below:

**Are participants required to attend religious activities?**  
- ☑ Yes  
- ☑ No  

If yes, describe below:

**ELIGIBILITY:**
<table>
<thead>
<tr>
<th>Single Males</th>
<th>Single Females</th>
<th>Families</th>
<th>Married Couples</th>
<th>Unmarried Couples</th>
</tr>
</thead>
</table>

**DISABLED / EMPLOYMENT STATUS:**

Must a household be disabled in order to qualify? [ ] Yes [ ] No

Must a household be employed / receiving income in order to qualify? [ ] Yes [ ] No

**Does the Program accept:**

[ ] Pregnant Females [ ] Undocumented persons [ ] Felons [ ] Sex Offenders

[ ] Persons who are currently using drugs [ ] Mentally ill persons who are un-medicated

Are boys separated from families at a certain age? [ ] Yes [ ] No

If yes, describe what age and how that process is handled in the space below:

<table>
<thead>
<tr>
<th>AGE:</th>
<th>Does this program have age restrictions?</th>
<th>[ ] Yes [ ] No</th>
</tr>
</thead>
</table>

If so, please provide them in the space provided below.

Describe below any other requirements which must be met by program participants in order to qualify:

The City of Dallas provides transitional and permanent supportive housing services to homeless residents of Dallas. Applicants may qualify for various programs depending on their personal circumstances and the type of services needed. Since supportive housing programs are funded by Housing and Urban Development Department (HUD), the following federal definitions of homeless persons apply:

- Persons living on the street or living in a place meant for human habitation.
- Persons living in an emergency shelter.
- Persons living in transitional or supportive housing for homeless persons who came from the street or emergency shelter.
- Persons seeking transitional housing must meet the above qualifications as well as:
  - Living in one of the three situations listed above but is spending up to 30 consecutive days in a hospital or other institution.
  - Persons being discharged within a week from an institution (more than 30 consecutive days) with no subsequent residence identified AND no resources or support networks; and persons fleeing domestic violence AND no resources or support networks.

Describe below what might cause a household to be removed from the program:

Violation of program rules and regulations.
<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>City of Dallas Project ReConnect</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>2922 Martin Luther King, Jr Blvd.</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Ruben Henderson</td>
</tr>
<tr>
<td>CONTACT INFORMATION:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>(214) 670-0184</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:Rubben.henderson@dallascityhall.com">Rubben.henderson@dallascityhall.com</a></td>
</tr>
<tr>
<td>Fax:</td>
<td>(214) 243-1538</td>
</tr>
<tr>
<td>Appointments can be made:</td>
<td>☑ Phone ☐ E-Mail ☐ Fax ☑ Walk-In</td>
</tr>
<tr>
<td>Hours during which intake is conducted:</td>
<td>M-F / 8:30a -4:30p</td>
</tr>
<tr>
<td>Applicants need to bring the following in order to qualify for services:</td>
<td></td>
</tr>
<tr>
<td>☒ Identification (Describe):</td>
<td></td>
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<tr>
<td>☐ Proof of Income (Describe):</td>
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</tr>
<tr>
<td>☐ Proof of Disabled Status (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Referral Letter (Describe):</td>
<td></td>
</tr>
<tr>
<td>☑ Other (Describe):</td>
<td>After initial assessment, if client can not provide the necessary documentation to qualify for services, assistance will be provided to help client achieve what is needed to qualify for services.</td>
</tr>
<tr>
<td>☐ Other (Describe):</td>
<td></td>
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<tr>
<td>☐ Other (Describe):</td>
<td></td>
</tr>
</tbody>
</table>

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

The Ex-Offender Program assist ex-offenders re-integrate back into the community. Participation is voluntary and services include:
- Transitional needs such as emergency shelter, transportation, clothing, food, identification, medication, mental health or medical care, and a wide range of social service referrals.
- Identification assistance for obtaining duplicate or replacement identification cards and required secondary documents.
- Employment counseling services including professional resume writing, vocational skills assessment, interview skills, and planned job searches.
- Financial assistance in the form of transportation resources, identification fees, basic clothing and individualized need assessment.

Is there a monetary charge to participate? ☐ Yes ☑ No If yes, describe it below:
Are participants required to attend religious activities?  □ Yes  ☑ No  If yes, describe below:

<table>
<thead>
<tr>
<th>ELIGIBILITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Single Males  ☑ Single Females  ✔ Families  ☑ Married Couples  ☑ Unmarried Couples</td>
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</table>

<table>
<thead>
<tr>
<th>DISABLED / EMPLOYMENT STATUS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must a household be disabled in order to qualify?  □ Yes  ☑ No</td>
</tr>
<tr>
<td>Must a household be employed / receiving income in order to qualify?  □ Yes  ☑ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the Program accept:</th>
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</thead>
<tbody>
<tr>
<td>☑ Pregnant Females  □ Undocumented persons  □ Felons  □ Sex Offenders  □ Persons who are currently using drugs  ☑ Mentally ill persons who are un-medicated</td>
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</tbody>
</table>

Are boys separated from families at a certain age?  □ Yes  ☑ No  If yes, describe what age and how that process is handled in the space below:

<table>
<thead>
<tr>
<th>AGE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does this program have age restrictions?  □ Yes  ☑ No  If so, please provide them in the space provided below. Program age requirements are from 18 years old and up.</td>
</tr>
</tbody>
</table>

Describe below any other requirements which must be met by program participants in order to qualify:

- Adult age 18 and above
- Resident of the City of Dallas
- Convicted of a non-violent felony
- State or federal parolee
- Moderate income guidelines as set forth by HUD

Describe below what might cause a household to be removed from the program:

- Violation of program rules and regulations.
CITY OF PLANO PROGRAM PROFILE

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>City of Plano Home Rehabilitation, First Time Homebuyer, and Homelessness Prevention Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td></td>
</tr>
<tr>
<td>CONTACT INFORMATION:</td>
<td>Phone: 971-941-7151</td>
</tr>
<tr>
<td></td>
<td>E-mail Address:</td>
</tr>
<tr>
<td></td>
<td>Fax:</td>
</tr>
<tr>
<td>Appointments can be made:</td>
<td>☒ Phone ☐ E-Mail ☐ Fax ☐ Walk-In</td>
</tr>
<tr>
<td>Hours during which intake is conducted:</td>
<td>M – F: 8 a.m. – 5 p.m.</td>
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<td>☐ Other (Describe):</td>
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</tbody>
</table>

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

The City of Plano provides Home Rehabilitation, First Time Homebuyer assistance, and rent/mortgage & Utility assistance to Plano Residents. All program participants must be at or below 80% of AMI as determined by HUD.

Is there a monetary charge to participate? ☐ Yes ☒ No If yes, describe it below: |

Are participants required to attend religious activities? ☐ Yes ☒ No If yes, describe below: |

**ELIGIBILITY:**

☐ Single Males ☐ Single Females ☐ Families ☐ Married Couples ☐ Unmarried Couples
**DISABLED / EMPLOYMENT STATUS:**
Must a household be disabled in order to qualify?  ☐ Yes  ☐ No
Must a household be employed / receiving income in order to qualify?  ☐ Yes  ☐ No

**Does the Program accept:**
☐ Pregnant Females  ☐ Undocumented persons  ☐ Felons  ☐ Sex Offenders
☐ Persons who are currently using drugs  ☐ Mentally ill persons who are un-medicated

Are boys separated from families at a certain age?  ☐ Yes  ☐ No
If yes, describe what age and how that process is handled in the space below:

**AGE:**
Does this program have age restrictions?  ☐ Yes  ☐ No
If so, please provide them in the space provided below.

Describe below any other requirements which must be met by program participants in order to qualify:

Describe below what might cause a household to be removed from the program:
**COMMUNITY DENTAL CARE PROGRAM PROFILE**

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>Community Dental Care Stewpot Dental Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>1822 Young at Park Street, Dallas, TX 75201</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Estella Medford Dental Assistant In-Charge</td>
</tr>
<tr>
<td>CONTACT INFORMATION:</td>
<td>Phone: 214-746-2785 ext. 245</td>
</tr>
</tbody>
</table>

**Appointments can be made:**
- [ ] Phone
- [ ] E-Mail
- [ ] Fax
- [x] Walk-In

**Hours during which intake is conducted:**
- Appointments made: M – F: 8 a.m. – 4 p.m.

**Applicants need to bring the following in order to qualify for services:**
- [ ] Identification (Describe):
- [ ] Proof of Income (Describe):
- [ ] Proof of last known or current address (Describe):
- [ ] Proof of Disabled Status (Describe):
- [x] Referral Letter (Describe): Intake to be completed from a homeless organization.
- [ ] Other (Describe):
- [ ] Other (Describe):
- [ ] Other (Describe):

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Dental treatment including extractions, fillings, partials, dentures, cleanings. Treatment by referral from a homeless organization only.

Is there a monetary charge to participate? [ ] Yes [x] No
If yes, describe it below:

Are participants required to attend religious activities? [ ] Yes [x] No
If yes, describe below:

**ELIGIBILITY:**
- [x] Single Males
- [x] Single Females
- [x] Families
- [x] Married Couples
- [x] Unmarried Couples
<table>
<thead>
<tr>
<th><strong>DISABLED / EMPLOYMENT STATUS:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Must a household be disabled in order to qualify?</td>
</tr>
<tr>
<td>Must a household be employed / receiving income in order to qualify?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Does the Program accept:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Pregnant Females  ☑ Undocumented persons  ☑ Felons  ☑ Sex Offenders</td>
</tr>
<tr>
<td>☐ Persons who are currently using drugs  ☐ Mentally ill persons who are un-medicated</td>
</tr>
</tbody>
</table>

| **Are boys separated from families at a certain age?** | ☑ Yes  ☐ No |

If yes, describe what age and how that process is handled in the space below:

| **AGE:** | Does this program have age restrictions? | ☑ Yes  ☐ No |

If so, please provide them in the space provided below.

Describe below any other requirements which must be met by program participants in order to qualify:

- Must bring referral from homeless organization.

Describe below what might cause a household to be removed from the program:

- Disruptive behavior or abusive.
**CROSSROADS COMMUNITY SERVICES PROGRAM PROFILE**

| PROGRAM NAME: | Crossroads Community Services  
First United Methodist Church, Dallas, TX  
Homeless Employment & Life-skills Program (HELP) |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>1822 Young Street, 2nd Floor, Dallas, TX 75201</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Programs Manager</td>
</tr>
</tbody>
</table>
| CONTACT INFORMATION: | Phone: 214-560-2511. ext. 402  
E-mail Address:  
Fax: 214-560-2512 |
| Appointments can be made: | X Phone  
E-Mail  
Fax  
X Walk-In |
| Hours during which intake is conducted: | Mon – Thurs, 8:30 a.m. – 12:00 noon or by appointment |
| Applicants need to bring the following in order to qualify for services: |  
- Identification (Describe): Prefer valid photo ID; must have some ID  
- Proof of Income (Describe):  
- Proof of last known or current address (Describe):  
- Proof of Disabled Status (Describe):  
- Referral Letter (Describe):  
- Other (Describe):  
- Other (Describe):  
- Other (Describe): |

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Persons who have been homeless may apply to the HELP Program. Participants complete a probationary period of working in the CCS Food Distribution Program, assisting clients and in inventory rotation and stocking (may receive DART passes). Upon successful completion of the probationary period, participants are then fully enrolled in the program and receive use of an apartment, monthly stipend, groceries, clothing, and a monthly DART pass in exchange for working approximately 30 hours per week in the CCS Food Distribution Program. Throughout the program, participants will learn work and life skills to prepare them for transition to independence and self-sufficiency through employment outside of CCS. Expected tenure: one to two years.

Is there a monetary charge to participate?  
☐ Yes  
☒ No  
If yes, describe it below:  

Are participants required to attend religious activities?  
☐ Yes  
☒ No  
If yes, describe below:
**ELIGIBILITY:**

| X Single Males | X Single Females | □ Families | □ Married Couples | □ Unmarried Couples |

**DISABLED / EMPLOYMENT STATUS:**

Must a household be disabled in order to qualify?  □ Yes  X No

Must a household be employed / receiving income in order to qualify?  □ Yes  X No

**Does the Program accept:**

- X Pregnant Females  □ Undocumented persons  X Felons  □ Sex Offenders
- □ Persons who are currently using drugs  □ Mentally ill persons who are un-medicated

Are boys separated from families at a certain age?  □ Yes  □ No
If yes, describe what age and how that process is handled in the space below:

**AGE:**

Does this program have age restrictions?  □ Yes  X No
If so, please provide them in the space provided below.

**Describe below any other requirements which must be met by program participants in order to qualify:**

Demonstration of desire to make a major life shift; interview with CCS Staff to determine whether the candidate is a good fit for the program.

**Describe below what might cause a household to be removed from the program:**

Random drug tests may be given, and evidence of drug use, either through drug tests or reasonable evidence based on work performance, or being under the influence of drugs or alcohol while on the job are grounds for dismissal. Unsatisfactory performance, after appropriate corrective measures are taken, may be grounds for dismissal.
### Dallas Housing Authority (DHA) Program Profile

<table>
<thead>
<tr>
<th><strong>Program Name:</strong></th>
<th>Dallas Housing Authority (DHA)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Public Housing, Housing Choice Vouchers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Program Service Address:</strong></th>
<th>3939 N. Hampton Rd, Dallas, TX 75220</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Contact Name(s) (For persons seeking assistance):</strong></th>
<th>Depends on what is needed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Contact Information:</strong></th>
<th>214-951-8300</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Switch Board</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Appointments can be made:</strong></th>
<th>X Phone X E-Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fax:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Walk-In</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Hours during which intake is conducted:**

**Applicants need to bring the following in order to qualify for services:**

- **Identification** (Describe): Photo ID all adults
- **Proof of Income** (Describe): All sources, written
- **Proof of last known or current address** (Describe): Photo ID
- **Proof of Disabled Status** (Describe): Receipt of SS or SSI disability income or medical verification
- **Referral Letter** (Describe):
- **Other** (Describe): Social sec card, all family members
- **Other** (Describe): Proof of eligible immigrant status or birth certificate
- **Other** (Describe):

**Program Description:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

The public housing program offers affordable housing apartments with rent based upon income at locations owned and managed by DHA.

The Housing Choice Voucher program offers vouchers to eligible families to lease privately owned apartments with HUD subsidy.

Both general waiting lists are currently closed but preferences have been established for permanent supportive housing.

**Is there a monetary charge to participate?**

- **Yes**
- **No**

If yes, describe it below: Everyone pays a rent based on income.

**Are participants required to attend religious activities?**

- **Yes**
- **No**

If yes, describe below:
**ELIGIBILITY:**

<table>
<thead>
<tr>
<th></th>
<th>Single Males</th>
<th>Single Females</th>
<th>Families</th>
<th>Married Couples</th>
<th>Unmarried Couples</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DISABLED / EMPLOYMENT STATUS:**

Must a household be disabled in order to qualify? [ ] Yes  X No
Must a household be employed / receiving income in order to qualify? [ ] Yes  X No

**Does the Program accept:**

- X Pregnant Females  X Undocumented persons (but they will pay a higher rent)
- X Felons (but not if they have committed recent violent or drug crimes)
- ☐ Sex Offenders (not if under a lifetime registration requirement – Federal law)
- ☐ Persons who are currently using drugs  X Mentally ill persons who are un-medicated (But if not lease compliant, they can be evicted)

Are boys separated from families at a certain age? [ ] Yes  X No
If yes, describe what age and how that process is handled in the space below:

**AGE:**

<table>
<thead>
<tr>
<th></th>
<th>Does this program have age restrictions?</th>
<th>X Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If so, please provide them in the space provided below.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Three (3) DHA properties owned and managed are limited to occupancy by individuals or couples with at least one adult member who is 55 years or older and no children may live at these properties.

**Describe below any other requirements which must be met by program participants in order to qualify:**

**Describe below what might cause a household to be removed from the program:**

Failure to comply with the PH lease or the Family Obligations in the voucher program
**PROGRAM NAME:** Dallas Public Library Community Information Database

**PROGRAM SERVICE ADDRESS:**
Dallas Public Library, Urban Information Center, 1515 Young St., Dallas, TX 75201

**CONTACT NAME(S) (For persons seeking assistance):**
Urban Information Center Staff

**CONTACT INFORMATION:**
Phone: 214-670-1468
E-mail Address: cid@dallaslibrary2.org
Fax: 214-670-1451

**Appointments can be made:**
- Phone
- E-Mail
- Fax
- Walk-In

**Hours during which intake is conducted:**

**Applicants need to bring the following in order to qualify for services:**
- Identification (Describe):
- Proof of Income (Describe):
- Proof of last known or current address (Describe):
- Proof of Disabled Status (Describe):
- Referral Letter (Describe):
- Other (Describe): No specific eligibility requirements
- Other (Describe):
- Other (Describe):
- Other (Describe):

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

The “Community Information Database” is a resource for information and referral within the City of Dallas and surrounding areas. It is maintained by staff of the Library’s Urban Information Center on the 6th floor of the Central Library. Subjects include crisis intervention, computer training, emergency shelter, counseling, job services, housing, food, G.E.D., E.S.L., youth services, mentoring, etc.

**Is there a monetary charge to participate?**  
- Yes  
- No  
If yes, describe it below:

**Are participants required to attend religious activities?**  
- Yes  
- No  
If yes, describe below:
## ELIGIBILITY:

<table>
<thead>
<tr>
<th></th>
<th>Single Males</th>
<th>Single Females</th>
<th>Families</th>
<th>Married Couples</th>
<th>Unmarried Couples</th>
</tr>
</thead>
</table>

## DISABLED / EMPLOYMENT STATUS:

- Must a household be disabled in order to qualify? ☐ Yes ☑ No
- Must a household be employed / receiving income in order to qualify? ☑ Yes ☐ No

## Does the Program accept:

- ☐ Pregnant Females
- ☐ Undocumented persons
- ☐ Felons
- ☐ Sex Offenders
- ☐ Persons who are currently using drugs
- ☐ Mentally ill persons who are un-medicated

## Are boys separated from families at a certain age?

- ☐ Yes ☑ No

If yes, describe what age and how that process is handled in the space below:

### AGE:

- Does this program have age restrictions? ☐ Yes ☑ No

If so, please provide them in the space provided below.

Describe below any other requirements which must be met by program participants in order to qualify:

Describe below what might cause a household to be removed from the program:
**PROGRAM NAME:** Dallas Public Library Job Seekers Resource Center  

<table>
<thead>
<tr>
<th>PROGRAM SERVICE ADDRESS:</th>
<th>Dallas Public Library, Business &amp; Technology Division, 1515 Young St., Dallas, TX 75201</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Business Reference Staff</td>
</tr>
<tr>
<td>CONTACT INFORMATION:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>214-670-1608</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:business@dallaslibrary.org">business@dallaslibrary.org</a></td>
</tr>
<tr>
<td>Fax:</td>
<td></td>
</tr>
</tbody>
</table>

Appointments can be made:  
- Phone  
- E-Mail  
- Fax  
Walk-In

Applicants need to bring the following in order to qualify for services:

- Identification (Describe):
- Proof of Income (Describe):
- Proof of last known or current address (Describe):
- Proof of Disabled Status (Describe):
- Referral Letter (Describe):
- Other (Describe): No specific eligibility requirements
- Other (Describe):
- Other (Describe):

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

On the 5th floor of the library, there is a “Job Seekers Resource Center” that provides computer assistance with resumes and job seeking strategies including tutorials in use of the City of Dallas’s “NeoGov” online job application system. A number of computers have been set aside for these purposes.

Is there a monetary charge to participate?  
- Yes  
- No  
If yes, describe it below:

Are participants required to attend religious activities?  
- Yes  
- No  
If yes, describe below:
ELIGIBILITY:

- Single Males
- Single Females
- Families
- Married Couples
- Unmarried Couples

DISABLED / EMPLOYMENT STATUS:

- Must a household be disabled in order to qualify?  Yes  No
- Must a household be employed / receiving income in order to qualify?  Yes  No

Does the Program accept:

- Pregnant Females
- Undocumented persons
- Felons
- Sex Offenders
- Persons who are currently using drugs
- Mentally ill persons who are un-medicated

Are boys separated from families at a certain age?  Yes  No
If yes, describe what age and how that process is handled in the space below:

AGE:  Does this program have age restrictions?  Yes  No
If so, please provide them in the space provided below.

Describe below any other requirements which must be met by program participants in order to qualify:

Describe below what might cause a household to be removed from the program:
**FAMILY GATEWAY PROGRAM PROFILE**

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>Family Gateway</th>
</tr>
</thead>
</table>
| PROGRAM SERVICE ADDRESS: | 711 S. St. Paul St.  
Dallas, Texas 75201 |
| CONTACT NAME(S) (For persons seeking assistance): | Amanda Dycus  
Kim Cook  
Maria Cadena  
Director of Programs |
| CONTACT INFORMATION: |  
Phone: 214-741-6515 ext. 201  
Fax: 214-741-6515 ext. 204  
E-mail Address: adycus@familygateway.org  
kcook@familygateway.org |
| Appointments can be made: | ☑ Phone  
☑ Walk-In  
☐ E-Mail  
☐ Fax |
| Hours during which intake is conducted: | M-F 8:00 a.m. – 5:00 p.m. |
| Applicants need to bring the following in order to qualify for services: |  
- ☑ Identification (Describe): Texas ID/DL, Original Birth Certificates, Social Security cards for everyone in the household  
- ☑ Proof of Income (Describe): Current check stubs, unemployment benefits letter, food stamps/TANF/medicaid award letter  
- ☐ Proof of last known or current address (Describe):  
- ☑ Proof of Disabled Status (Describe): Current documentation of homelessness from referring agency/school/clergy, etc.  
- ☑ Referral Letter (Describe):  
- ☑ Other (Describe): Shot records for each child 17 & under  
- ☑ Other (Describe): During regular school season, proof of child’s attendance. During off-season, child’s most current report card.  
- ☐ Other (Describe): |

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

**SUPPORTIVE HOUSING:** 10-12 week residential supportive housing program and 1 year transitional housing program (Gateway Apartments) for homeless families with at least 1 child under (or up to) the age of 18: services include; Adult/Children’s case management, counseling, vocational/educational guidance/support, vocational readiness/preparedness classes and on-site childcare.

**TRANSITIONAL HOUSING:** Gateway Apartments (transitional housing) can only be accessed after completing 10 week program and therefore is not open to the public.

**HPRP:** Family Gateway provides housing stabilization through the Homelessness Prevention and Rapid Re-housing Program (HPRP). Through a stabilization or education plan, qualifying families with children may receive assistance. Families must be transitioning from or timing out of an emergency shelter or
transitional housing program and must be referred by a Case Manager to begin the intake process.

**Serving Dallas and Collin County Residents only.**

Is there a monetary charge to participate?  [ ] Yes  [x] No  If yes, describe it below:

Are participants required to attend religious activities?  [ ] Yes  [x] No  If yes, describe below:

**ELIGIBILITY:**

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Single</th>
<th>Families</th>
<th>Married</th>
<th>Unmarried</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DISABLED / EMPLOYMENT STATUS:**

Must a household be disabled in order to qualify?  [ ] Yes  [x] No

Must a household be employed / receiving income in order to qualify?  [ ] Yes  [x] No

**Does the Program accept:**

- [ ] Pregnant Females
- [x] Undocumented persons
- [ ] Felons
- [x] Sex Offenders
- [ ] Persons who are currently using drugs
- [ ] Mentally ill persons who are un-medicated

Are boys separated from families at a certain age?  [ ] Yes  [x] No

If yes, describe what age and how that process is handled in the space below:

**AGE:**

Does this program have age restrictions?  [x] Yes  [ ] No  If so, please provide them in the space provided below.

Each head of household must be at least 18

**Describe below any other requirements which must be met by program participants in order to qualify:**

Adults must be able to work and not be in the process of applying/qualifying for Social Security Disability. All children must be currently enrolled in school or alternative education program.

**Describe below what might cause a household to be removed from the program:**

Criminal activity or unresolved litigation. Families must always have a child on property during their stay, if for any reason a child leaves the program (removal, moved in with relative, etc.) the family can be exited if there is not another qualifying child left in the household.
# Hope's Door Emergency Shelter

## Program Profile

**Program Name:** Hope's Door Emergency Shelter

**Program Service Address:** Collin County/ Confidential

**Contact Name(s)** (For persons seeking assistance): Kitty Olde

### Contact Information:

<table>
<thead>
<tr>
<th>Contact Information</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(972) 422-7233</td>
</tr>
</tbody>
</table>

| E-mail Address: | Kitty.olde@hopesdoorinc.org |

| Fax: | (972) 422-2612 |

**Appointments can be made:** X Phone

**Hours during which intake is conducted:** 24/7

### Applicants need to bring the following in order to qualify for services:

- Identification (Describe):
- Proof of Income (Describe):
- Proof of last known or current address (Describe):
- Proof of Disabled Status (Describe):
- Referral Letter (Describe):
- Other (Describe):
- Other (Describe):
- Other (Describe):

### Program Description:

Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Victims of family violence who are in immediate danger can receive emergency shelter. While in shelter, case management, counseling, and other services are available. Hotline is (972) 422-7233 and is answered 24/7. Callers can receive information, referrals, safety planning, and be screened for shelter.

**Is there a monetary charge to participate?** Yes X No

If yes, describe it below:

**Are participants required to attend religious activities?** Yes X No

If yes, describe below:
## ELIGIBILITY:

<table>
<thead>
<tr>
<th></th>
<th>X Single Males</th>
<th>X Single Females</th>
<th>X Families</th>
<th>Married Couples</th>
<th>Unmarried Couples</th>
</tr>
</thead>
</table>

## DISABLED / EMPLOYMENT STATUS:

- Must a household be disabled in order to qualify?  
  - Yes  
  - No
- Must a household be employed / receiving income in order to qualify?  
  - Yes  
  - No

## Does the Program accept:

- Pregnant Females  
  - X
- Undocumented persons  
  - X
- Felons  
  - 
- Sex Offenders  
  - 
- Persons who are currently using drugs  
  - 
- Mentally ill persons who are un-medicated  
  - 

## AGE:

- Does this program have age restrictions?  
  - Yes  
  - No

## Describe below any other requirements which must be met by program participants in order to qualify:

Shelter residents must be in immediate danger due to family violence.

## Describe below what might cause a household to be removed from the program:

Residents can be exited from the program for not following program rules, or abusive, violent or illegal behavior.
## HOPE’S DOOR PROGRAM PROFILE

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>Hope’s Door Victim Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>820 Ave F Ste 100 Plano, TX</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Patricia Reza, MACL</td>
</tr>
</tbody>
</table>

### CONTACT INFORMATION:

<table>
<thead>
<tr>
<th>Phone:</th>
<th>(972) 422-2911</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:Patricia.reza@hopesdoorinc.org">Patricia.reza@hopesdoorinc.org</a></td>
</tr>
<tr>
<td>Fax:</td>
<td>(972) 423-4154</td>
</tr>
</tbody>
</table>

- Appointments can be made: X Phone  E-Mail  Fax  X Walk-In
- Hours during which intake is conducted: daytime/evening

### Applicants need to bring the following in order to qualify for services:

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification (Describe):</td>
</tr>
<tr>
<td>Proof of Income (Describe):</td>
</tr>
<tr>
<td>Proof of last known or current address (Describe):</td>
</tr>
<tr>
<td>Proof of Disabled Status (Describe):</td>
</tr>
<tr>
<td>Referral Letter (Describe):</td>
</tr>
<tr>
<td>Other (Describe):</td>
</tr>
<tr>
<td>Other (Describe):</td>
</tr>
<tr>
<td>Other (Describe):</td>
</tr>
</tbody>
</table>

### PROGRAM DESCRIPTION: Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Family Violence victims can receive individual counseling, group counseling, case management, crisis intervention, legal advocacy, and information/referral. Counseling is also available for children.

### Is there a monetary charge to participate? □ Yes  X  No  If yes, describe it below:

### Are participants required to attend religious activities? □ Yes  X  No  If yes, describe below:
<table>
<thead>
<tr>
<th>ELIGIBILITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Single Males</td>
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<tr>
<td>Unmarried Couples</td>
</tr>
<tr>
<td>DISABED / EMPLOYMENT STATUS:</td>
</tr>
<tr>
<td>Must a household be disabled in order to qualify? [ ] Yes  X No</td>
</tr>
<tr>
<td>Must a household be employed / receiving income in order to qualify? [ ] Yes  X No</td>
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<tr>
<td>Does the Program accept:</td>
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<td>X Undocumented persons</td>
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<td>X Felons</td>
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<tr>
<td>X Sex Offenders</td>
</tr>
<tr>
<td>☐ Persons who are currently using drugs</td>
</tr>
<tr>
<td>☐ Mentally ill persons who are un-medicated</td>
</tr>
<tr>
<td>Are boys separated from families at a certain age? [ ] Yes  X No</td>
</tr>
<tr>
<td>If yes, describe what age and how that process is handled in the space below:</td>
</tr>
<tr>
<td>AGE: Does this program have age restrictions? [ ] Yes  X No</td>
</tr>
<tr>
<td>If so, please provide them in the space provided below.</td>
</tr>
<tr>
<td>Describe below any other requirements which must be met by program participants in order to qualify:</td>
</tr>
<tr>
<td>Clients need to be victims of family violence.</td>
</tr>
<tr>
<td>Describe below what might cause a household to be removed from the program:</td>
</tr>
<tr>
<td>Not following program rules, or abusive, violent or illegal behavior.</td>
</tr>
</tbody>
</table>
**PROGRAM NAME:** Hope's Door Transitional Housing  
**PROGRAM SERVICE ADDRESS:** 820 Ave F Ste 100 Plano, TX  
**CONTACT NAME(S) (For persons seeking assistance):** Beth Roan LPCI  

**CONTACT INFORMATION:**  
Phone: (972) 422-2911  
E-mail Address: Beth.roan@hopesdoorinc.org  
Fax: (972) 423-4154  

**Appointments can be made:** X Phone ☐ E-Mail ☐ Fax ☐ Walk-In  
**Hours during which intake is conducted:** daytime  

**Applicants need to bring the following in order to qualify for services:**  
☐ Identification (Describe):  
☐ Proof of Income (Describe):  
☐ Proof of last known or current address (Describe):  
☐ Proof of Disabled Status (Describe):  
☐ Referral Letter (Describe):  
☐ Other (Describe):  
☐ Other (Describe):  
☐ Other (Describe):  

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.  
Clients can receive ongoing case management, counseling, support services and rental assistance for up to 24 months. Clients can also receive short term emergency financial assistance for help with rent, utilities, childcare, etc.  

**Is there a monetary charge to participate?** ☐ Yes X No  
If yes, describe it below:  

**Are participants required to attend religious activities?** ☐ Yes X No  
If yes, describe below:
ELIGIBILITY:

- X Single Males
- X Single Females
- X Families
- Married Couples
- Unmarried Couples

DISABLED / EMPLOYMENT STATUS:

- Must a household be disabled in order to qualify? Yes X No
- Must a household be employed / receiving income in order to qualify? Yes X No

Does the Program accept:

- X Pregnant Females
- X Undocumented persons
- X Felons
- X Sex Offenders
- X Persons who are currently using drugs
- X Mentally ill persons who are un-medicatted

Are boys separated from families at a certain age? Yes X No
If yes, describe what age and how that process is handled in the space below:

AGE: Does this program have age restrictions? Yes X No
If so, please provide them in the space provided below.

Describe below any other requirements which must be met by program participants in order to qualify:

- Transitional clients must be homeless, working, have applied for a protective order, and have clear goals for working towards self sufficiency.

Describe below what might cause a household to be removed from the program:

- Not following program rules, or abusive, violent or illegal behavior.
<table>
<thead>
<tr>
<th><strong>PROGRAM NAME:</strong></th>
<th>Hope's Door (BIPP) Battering Intervention and Prevention Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROGRAM SERVICE ADDRESS:</strong></td>
<td>820 Ave F Ste 100 Plano, TX</td>
</tr>
<tr>
<td><strong>CONTACT NAME(S) (For persons seeking assistance):</strong></td>
<td>Bridget Vinson-O'Neal MS BSW</td>
</tr>
<tr>
<td><strong>CONTACT INFORMATION:</strong></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>(972) 422-2911</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:Bridget.oneal@hopesdoorinc.org">Bridget.oneal@hopesdoorinc.org</a></td>
</tr>
<tr>
<td>Fax:</td>
<td>(972) 423-4154</td>
</tr>
<tr>
<td>Appointments can be made:</td>
<td>X Phone □ E-Mail □ Fax □ Walk-In</td>
</tr>
<tr>
<td>Hours during which intake is conducted:</td>
<td>2 Thursdays per month, call for appointment</td>
</tr>
<tr>
<td>Applicants need to bring the following in order to qualify for services:</td>
<td></td>
</tr>
<tr>
<td>X Identification (Describe):</td>
<td></td>
</tr>
<tr>
<td>□ Proof of Income (Describe):</td>
<td></td>
</tr>
<tr>
<td>□ Proof of last known or current address (Describe):</td>
<td></td>
</tr>
<tr>
<td>□ Proof of Disabled Status (Describe):</td>
<td></td>
</tr>
<tr>
<td>□ Referral Letter (Describe):</td>
<td></td>
</tr>
<tr>
<td>X Other (Describe): contact information for referral source (probation officer, CPS, etc.)</td>
<td></td>
</tr>
<tr>
<td>□ Other (Describe):</td>
<td></td>
</tr>
<tr>
<td>□ Other (Describe):</td>
<td></td>
</tr>
</tbody>
</table>

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Orientation, intake and 24 week group program for family violence offenders.

Is there a monetary charge to participate? X Yes □ No If yes, describe it below:

Orientation $50, Intake- No charge, Groups $30 each, Exit-no charge

Are participants required to attend religious activities? □ Yes X No If yes, describe below:
ELIGIBILITY:
X Single Males  X Single Females  □ Families  □ Married Couples  □ Unmarried Couples

DISABLED / EMPLOYMENT STATUS:
Must a household be disabled in order to qualify?  □ Yes  X No
Must a household be employed / receiving income in order to qualify?  □ Yes  X No

Does the Program accept:
X Pregnant Females  X Undocumented persons  X Felons  □ Sex Offenders  □ Persons who are currently using drugs  □ Mentally ill persons who are un-medicated

Are boys separated from families at a certain age?  □ Yes  X No
If yes, describe what age and how that process is handled in the space below:

AGE:  Does this program have age restrictions?  X Yes  □ No  If so, please provide them in the space provided below.
18 and up

Describe below any other requirements which must be met by program participants in order to qualify:

Describe below what might cause a household to be removed from the program:
Lack of attendance; lack of payment of program fees; breaking program rules.
<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>Housing Crisis Center Veterans Housing Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>7501 Chesterfield Drive # 209, Dallas, TX 75237</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Micah Sutton  Diane Kneeland</td>
</tr>
<tr>
<td>CONTACT INFORMATION:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>972-298-7200</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:msutton@hccdallas.org">msutton@hccdallas.org</a> <a href="mailto:dkneeland@hccdallas.org">dkneeland@hccdallas.org</a></td>
</tr>
<tr>
<td>Fax:</td>
<td></td>
</tr>
<tr>
<td>Appointments can be made:</td>
<td>☒ Phone ☐ E-Mail ☐ Fax ☐ Walk-In</td>
</tr>
<tr>
<td>Hours during which intake is conducted:</td>
<td>M thru F 9-5</td>
</tr>
<tr>
<td>Applicants need to bring the following in order to qualify for services:</td>
<td></td>
</tr>
<tr>
<td>☒ Identification (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Proof of Income (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Proof of last known or current address (Describe):</td>
<td></td>
</tr>
<tr>
<td>☒ Proof of Disabled Status (Describe):</td>
<td>Referral letter must have diagnosis.</td>
</tr>
<tr>
<td>☒ Referral Letter (Describe):</td>
<td>Must be on VA letterhead,</td>
</tr>
<tr>
<td>☒ Other (Describe):</td>
<td>Referral letter must indicate length of sobriety.</td>
</tr>
<tr>
<td>☒ Other (Describe):</td>
<td>Must have proof of chronic homelessness (documentation from shelters, social service agencies, etc.)</td>
</tr>
<tr>
<td>☐ Other (Describe):</td>
<td></td>
</tr>
</tbody>
</table>

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

**Program:** The VHP permanent housing program is a project-based program for homeless veterans. Each client/family has an apartment at Mandalay Palms Apartments, 7501 Chesterfield dr. located in the Oak Cliff sector of Dallas. This property was chosen primarily because of the geographic proximity to the V.A. complex and on the Dart bus line.

Support Services: HCC and V.A. personnel provide case management services, and providing referrals for the supportive services needed to achieve goals.

**Services provided:**
- Monthly rental & utility assistance
- Full size bed
- Dresser
- Starter kit (sheets, towels, dishes, glasses, pillow, mattress cover, pots, pans etc.)
- Access to Dallas Furniture Bank

Note: Must be a VHP program participant to receive services.
Is there a monetary charge to participate?  □ Yes  ✕ No  If yes, describe it below:

Are participants required to attend religious activities?  □ Yes  ✕ No  If yes, describe below:

**ELIGIBILITY:**
- Single Males
- Single Females
- Families
- Married Couples
- Unmarried Couples

**DISABLED / EMPLOYMENT STATUS:**
- Must a household be disabled in order to qualify?  □ Yes  ✕ No
- Must a household be employed / receiving income in order to qualify?  □ Yes  ✕ No

**Does the Program accept:**
- Pregnant Females
- Undocumented persons
- Felons
- Sex Offenders
- Persons who are currently using drugs
- Mentally ill persons who are un-medicatied.  
  
  **Note:** certain types of felonies are not accepted into VHP.

Are boys separated from families at a certain age?  □ Yes  ✕ No
If yes, describe what age and how that process is handled in the space below:

**AGE:**
- Does this program have age restrictions?  □ Yes  ✕ No  If so, please provide them in the space provided below.
  - Age range 30-65

Describe below any other requirements which must be met by program participants in order to qualify:
- Homeless Veterans
- Chronically Homeless Veterans
- Age range 30-65
- Documented Mental Health Disorder
- Chronic Substance Abuse
- 90 day sobriety

Describe below what might cause a household to be removed from the program:
- Non-compliance with program rules; Criminal activities; threatening another program participant or staff member; repeated failed drug tests; domestic violence, possession of weapons, pregnancy if single female.
**PROGRAM NAME:** Housing Crisis Center  
**Program:** Permanent Housing Services

**PROGRAM SERVICE ADDRESS:** 7550 Cliff Creek Crossing # 104, Dallas, TX 75237

**CONTACT NAME(S) (For persons seeking assistance):**  
Mark Elizondo  
Micah Sutton

**CONTACT INFORMATION:**  
Phone: 214-605-8597  
Fax: 972-278-4178  
E-mail Address: melizondo@hccdallas.org  
msutton@hccdallas.org

**Appointments can be made:**  
- Phone  
- E-Mail  
- Fax  
- Walk-In

**Hours during which intake is conducted:**

**Applicants need to bring the following in order to qualify for services:**

- Identification (Describe):
- Proof of Income (Describe):
- Proof of last known or current address (Describe):
- Proof of Disabled Status (Describe): Referral letter must have diagnosis.
- Referral Letter (Describe): If veteran, must be on VA letterhead, if non-veteran, must be on agency letterhead.
- Other (Describe): Referral letter must indicate length of sobriety.
- Other (Describe): Must have proof of chronic homelessness (documentation from shelters, social service agencies, etc.)

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

**Program:** The Permanent Supportive Housing program is a project-based program for 20 homeless veterans and 10 non-veterans. Each client has an apartment at Mandalay Palms Apartments, 7550 Cliff Creek Crossing, located in the Oak Cliff sector of Dallas. This property was chosen primarily because of the geographic proximity to the V.A. complex and on the Dart bus line.

Support Services: HCC and V.A. personnel provide case management services, and providing referrals for the supportive services needed to achieve goals.

**Services provided:**

- Intensive case management
- Monthly rental & utility assistance
- Full size bed
- Dresser
- Starter kit (sheets, towels, dishes, glasses, pillow, mattress cover, pots, pans etc.)
- Access to Dallas Furniture Bank

Note: Must be a program participant to receive services.
Is there a monetary charge to participate? ☑ Yes ☒ No If yes, describe it below:

Clients may be asked to pay a portion of their utility bill.

Are participants required to attend religious activities? ☑ Yes ☒ No If yes, describe below:

<table>
<thead>
<tr>
<th>ELIGIBILITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Single Males</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISABLED / EMPLOYMENT STATUS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Must a household be disabled in order to qualify?</td>
</tr>
<tr>
<td>☑ Must a household be employed / receiving income in order to qualify?</td>
</tr>
</tbody>
</table>

Does the Program accept:

- ☑ Pregnant Females
- ☒ Undocumented persons
- ☒ Felons
- ☒ Sex Offenders
- ☑ Persons who are currently using drugs
- ☒ Mentally ill persons who are un-medicated

*Note: certain types of felonies are not accepted into PHS.*

Are boys separated from families at a certain age? ☑ Yes ☒ No
If yes, describe what age and how that process is handled in the space below:

<table>
<thead>
<tr>
<th>AGE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Does this program have age restrictions?</td>
</tr>
</tbody>
</table>

If so, please provide them in the space provided below.

Describe below any other requirements which must be met by program participants in order to qualify:

- Homeless Veterans
- Chronically Homeless Veterans
- Age range 30-65
- Documented Mental Health Disorder
- Chronic Substance Abuse
- 90 day sobriety

Describe below what might cause a household to be removed from the program:

Non-compliance with program rules; Criminal activities; threatening another program participant or staff member; repeated failed drug tests; domestic violence, possession of weapons, pregnancy if single female.
PROGRAM NAME: Housing Crisis Center
Transitional Housing Programs

PROGRAM SERVICE ADDRESS: 8849 Fair Oaks Xing # 2008, Dallas, TX 75243

CONTACT NAME(S) (For persons seeking assistance):
- Anthony B. Collins
- LaTerica White
- LaDondra Wilson

CONTACT INFORMATION:

<table>
<thead>
<tr>
<th>Phone</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>214-221-0037</td>
<td><a href="mailto:acollins@hccdallas.org">acollins@hccdallas.org</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:lwhite@hccdallas.org">lwhite@hccdallas.org</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:lwilson@hccdallas.org">lwilson@hccdallas.org</a></td>
</tr>
<tr>
<td>214-221-0058</td>
<td></td>
</tr>
</tbody>
</table>

Appointments can be made: ☑ Phone ☐ E-Mail ☐ Fax ☐ Walk-In

Hours during which intake is conducted: M-F 9am – 5pm

Applicants need to bring the following in order to qualify for services:

- Identification (Describe):
- Proof of Income (Describe):
- Proof of last known or current address (Describe):
- Proof of Disabled Status (Describe):
- Referral Letter (Describe): Homeless documentation from referring agency (on agency letterhead)
- Other (Describe): Eviction notice (within last 30 days)
- Other (Describe):
- Other (Describe):

PROGRAM DESCRIPTION: Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Program: The Transitional Housing program is a scattered site-based program for homeless individuals and/or families. Each client/family has an apartment at scattered sites throughout Dallas County. This property was chosen primarily because of the geographic proximity to the DART bus line.

Services Provided: housing at scattered sites, case management, Tenants Legal workshops, Money Management Seminars, food vouchers, bus passes, free child care through Vogel Alcove, and comprehensive, individualized referrals to other community agencies.

Note: Must be a program participant to receive services.

Is there a monetary charge to participate? ☑ Yes ☐ No  If yes, describe it below:

Are participants required to attend religious activities? ☐ Yes ☑ No  If yes, describe below:
## ELIGIBILITY:

- [ ] Single Males
- [X] Single Females
- [X] Families
- [ ] Married Couples
- [ ] Unmarried Couples

## DISABLED / EMPLOYMENT STATUS:

Must a household be disabled in order to qualify?  [ ] Yes  [X] No

Must a household be employed / receiving income in order to qualify?  [ ] Yes  [X] No

## Does the Program accept:

- [ ] Pregnant Females
- [ ] Undocumented persons
- [X] Felons
- [ ] Sex Offenders
- [ ] Persons who are currently using drugs
- [ ] Mentally ill persons who are un-medicated

*Note: certain types of felonies are not accepted.*

Are boys separated from families at a certain age?  [ ] Yes  [X] No

If yes, describe what age and how that process is handled in the space below:

## AGE:

Does this program have age restrictions?  [X] Yes  [ ] No

If so, please provide them in the space provided below:

Applicant must be 21 yrs or older

Describe below any other requirements which must be met by program participants in order to qualify:

- Documentation of Homeless
- Documented Mental Health Disorder  (for SAMI program)
- Documented Substance Abuse Treatment  (for SAMI program)
- 90 day sobriety
- Ability to get utilities in person’s name

Describe below what might cause a household to be removed from the program:

Non-compliance with program rules; Criminal activities; threatening another program participant or staff member; repeated failed drug tests; domestic violence, possession of weapons, pregnancy if single female.
# HOUSING CRISIS CENTER PROGRAM PROFILE

| PROGRAM NAME: | Housing Crisis Center  
|---------------|------------------------|
| PROGRAM SERVICE ADDRESS: | Short Term Emergency Program Services  
| CONTACT NAME(S) (For persons seeking assistance): | 7501 Chesterfield Dr #1024, Dallas, TX 75237  
| Gina Norman |

## CONTACT INFORMATION:

| Phone: | 972-228-3500 |
| E-mail Address: | gnorman@hccdallas.org |
| Fax: | 972-228-3590 |

Appointments can be made:  
- Phone  
- E-Mail  
- Fax  
- Walk-In

Hours during which intake is conducted:  
Mon-Sat by appointment

Applicants need to bring the following in order to qualify for services:

- Identification (Describe):
- Proof of Income (Describe):
- Proof of last known or current address (Describe):
- Proof of Disabled Status (Describe):
- Referral Letter (Describe):
- Other (Describe):
- Other (Describe):
- Other (Describe):

## PROGRAM DESCRIPTION:  
Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

**Program:**  
The Transitional Housing program is a scattered site-based program for homeless individuals and/or families. Each client/family has an apartment at scattered sites throughout Dallas County. This property was chosen primarily because of the geographic proximity to the DART bus line.

**Services Provided:**  
housing at scattered sites, case management, Tenants Legal workshops, Money Management Seminars, food vouchers, bus passes, free child care through Vogel Alcove, and comprehensive, individualized referrals to other community agencies and services.

**Note:**  
Must be a program participant to receive services.

Is there a monetary charge to participate?  
- Yes  
- No  
If yes, describe it below:

Are participants required to attend religious activities?  
- Yes  
- No  
If yes, describe below:
### ELIGIBILITY:

<table>
<thead>
<tr>
<th>Single Males</th>
<th>Single Females</th>
<th>Families</th>
<th>Married Couples</th>
<th>Unmarried Couples</th>
</tr>
</thead>
</table>

### DISABLED / EMPLOYMENT STATUS:

Must a household be disabled in order to qualify?  [ ] Yes  [x] No  
Must a household be employed / receiving income in order to qualify?  [ ] Yes  [x] No  

### Does the Program accept:

- [ ] Pregnant Females  
- [ ] Undocumented persons  
- [x] Felons  
- [ ] Sex Offenders  
- [ ] Persons who are currently using drugs  
- [ ] Mentally ill persons who are un-medicated  

**Note:** certain types of felonies are not accepted into STEPS.  

### Are boys separated from families at a certain age?  [ ] Yes  [x] No  
If yes, describe what age and how that process is handled in the space below:

### AGE:

Does this program have age restrictions?  [x] Yes  [ ] No  
If so, please provide them in the space provided below.  

**Must be at least 21 years of age to apply and kids 12 years and younger**

### Describe below any other requirements which must be met by program participants in order to qualify:

Must have documented 90 days clean time and documentation of Homelessness. Must be able to work,

### Describe below what might cause a household to be removed from the program:

Non-compliance with program rules; Criminal activities; threatening another program participant or staff member; repeated failed drug tests; domestic violence, possession of weapons, pregnancy if single female.
**HOPE’S DOOR PROGRAM PROFILE**

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>Hope's Door Emergency Shelter</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>Collin County/ Confidential</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Kitty Olde</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTACT INFORMATION:</th>
<th>Phone: (972) 422-7233</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:Kitty.olde@hopesdoorinc.org">Kitty.olde@hopesdoorinc.org</a></td>
</tr>
<tr>
<td>Fax:</td>
<td>(972) 422-2612</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appointments can be made:</th>
<th>X Phone ☐ E-Mail ☐ Fax ☐ Walk-In</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours during which intake is conducted:</td>
<td>24/7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicants need to bring the following in order to qualify for services:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Identification (Describe):</td>
</tr>
<tr>
<td>☐ Proof of Income (Describe):</td>
</tr>
<tr>
<td>☐ Proof of last known or current address (Describe):</td>
</tr>
<tr>
<td>☐ Proof of Disabled Status (Describe):</td>
</tr>
<tr>
<td>☐ Referral Letter (Describe):</td>
</tr>
<tr>
<td>☐ Other (Describe):</td>
</tr>
<tr>
<td>☐ Other (Describe):</td>
</tr>
<tr>
<td>☐ Other (Describe):</td>
</tr>
</tbody>
</table>

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Victims of family violence who are in immediate danger can receive emergency shelter. While in shelter, case management, counseling, and other services are available. Hotline is (972) 422-7233 and is answered 24/7. Callers can receive information, referrals, safety planning, and be screened for shelter.

Is there a monetary charge to participate? ☐ Yes X No If yes, describe it below:

Are participants required to attend religious activities? ☐ Yes X No If yes, describe below:
ELIGIBILITY:
X Single Males  X Single Females  X Families  □ Married  □ Unmarried Couples  Couples

DISABLED / EMPLOYMENT STATUS:
Must a household be disabled in order to qualify? □ Yes  X No
Must a household be employed / receiving income in order to qualify? □ Yes  X No

Does the Program accept:
X Pregnant Females  X Undocumented persons  □ Felons  □ Sex Offenders
□ Persons who are currently using drugs  □ Mentally ill persons who are un-medicated

Are boys separated from families at a certain age? □ Yes  X No
If yes, describe what age and how that process is handled in the space below:

AGE: □ Yes  X No
Does this program have age restrictions?
If so, please provide them in the space provided below.

Describe below any other requirements which must be met by program participants in order to qualify:
Shelter residents must be in immediate danger due to family violence.

Describe below what might cause a household to be removed from the program:
Residents can be exited from the program for not following program rules, or abusive, violent or illegal behavior.
**PROGRAM NAME:** Hope's Door Victim Outreach

**PROGRAM SERVICE ADDRESS:** 820 Ave F Ste 100 Plano, TX

**CONTACT NAME(S) (For persons seeking assistance):** Patricia Reza, MACL

**CONTACT INFORMATION:**

<table>
<thead>
<tr>
<th>Phone:</th>
<th>(972) 422-2911</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:Patricia.reza@hopesdoorinc.org">Patricia.reza@hopesdoorinc.org</a></td>
</tr>
<tr>
<td>Fax:</td>
<td>(972) 423-4154</td>
</tr>
</tbody>
</table>

**Appointments can be made:**
- [x] Phone
- [ ] E-Mail
- [ ] Fax
- [x] Walk-In

**Hours during which intake is conducted:** daytime/evening

**Applicants need to bring the following in order to qualify for services:**

- [ ] Identification (Describe):
- [ ] Proof of Income (Describe):
- [ ] Proof of last known or current address (Describe):
- [ ] Proof of Disabled Status (Describe):
- [ ] Referral Letter (Describe):
- [ ] Other (Describe):
- [ ] Other (Describe):
- [ ] Other (Describe):

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Family Violence victims can receive individual counseling, group counseling, case management, crisis intervention, legal advocacy, and information/referral. Counseling is also available for children.

**Is there a monetary charge to participate?**
- [ ] Yes
- [x] No

If yes, describe it below:

**Are participants required to attend religious activities?**
- [ ] Yes
- [x] No

If yes, describe below:
### ELIGIBILITY:

| X Single Males | X Single Females | X Families | □ Married Couples | □ Unmarried Couples |

### DISABLED / EMPLOYMENT STATUS:

- Must a household be disabled in order to qualify? □ Yes  X No
- Must a household be employed / receiving income in order to qualify? □ Yes  X No

### Does the Program accept:

- X Pregnant Females  X Undocumented persons  □ Felons  □ Sex Offenders
- □ Persons who are currently using drugs  □ Mentally ill persons who are un-medicated

- Are boys separated from families at a certain age? □ Yes  X No
  
  If yes, describe what age and how that process is handled in the space below:

- Does this program have age restrictions? □ Yes  X No
  
  If so, please provide them in the space provided below.

### Describe below any other requirements which must be met by program participants in order to qualify:

- Clients need to be victims of family violence.

### Describe below what might cause a household to be removed from the program:

- Not following program rules, or abusive, violent or illegal behavior.
<table>
<thead>
<tr>
<th><strong>PROGRAM NAME:</strong></th>
<th>Hope's Door Transitional Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROGRAM SERVICE ADDRESS:</strong></td>
<td>820 Ave F Ste 100 Plano, TX</td>
</tr>
<tr>
<td><strong>CONTACT NAME(S) (For persons seeking assistance):</strong></td>
<td>Beth Roan LPCI</td>
</tr>
<tr>
<td><strong>CONTACT INFORMATION:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Phone:</strong></td>
<td>(972) 422-2911</td>
</tr>
<tr>
<td><strong>E-mail Address:</strong></td>
<td><a href="mailto:Beth.roan@hopesdoorinc.org">Beth.roan@hopesdoorinc.org</a></td>
</tr>
<tr>
<td><strong>Fax:</strong></td>
<td>(972) 423-4154</td>
</tr>
</tbody>
</table>

**Appointments can be made:**
- **X** Phone
- E-Mail
- Fax
- Walk-In

**Hours during which intake is conducted:**
- **X** daytime

**Applicants need to bring the following in order to qualify for services:**
- Identification (Describe):
- Proof of Income (Describe):
- Proof of last known or current address (Describe):
- Proof of Disabled Status (Describe):
- Referral Letter (Describe):
- Other (Describe):
- Other (Describe):
- Other (Describe):

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Clients can receive ongoing case management, counseling, support services and rental assistance for up to 24 months. Clients can also receive short term emergency financial assistance for help with rent, utilities, childcare, etc.

**Is there a monetary charge to participate?**
- Yes
- **X** No
- If yes, describe it below:

**Are participants required to attend religious activities?**
- Yes
- **X** No
- If yes, describe below:
**ELIGIBILITY:**

| X Single Males | X Single Females | X Families | □ Married Couples | □ Unmarried Couples |

**DISABLED / EMPLOYMENT STATUS:**

Must a household be disabled in order to qualify? □ Yes  X  No

Must a household be employed / receiving income in order to qualify? □ Yes  X  No

**Does the Program accept:**

| X Pregnant Females | X Undocumented persons | □ Felons | □ Sex Offenders |
| □ Persons who are currently using drugs | □ Mentally ill persons who are un-medicated |

Are boys separated from families at a certain age? □ Yes  X  No

If yes, describe what age and how that process is handled in the space below:

**AGE:**

| Does this program have age restrictions? | □ Yes  X  No | If so, please provide them in the space provided below. |

Describe below any other requirements which must be met by program participants in order to qualify:

Transitional clients must be homeless, working, have applied for a protective order, and have clear goals for working towards self sufficiency.

Describe below what might cause a household to be removed from the program:

Not following program rules, or abusive, violent or illegal behavior.
<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>Hope's Door (BIPP) Battering Intervention and Prevention Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>820 Ave F Ste 100 Plano, TX</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Bridget Vinson-O'Neal MS BSW</td>
</tr>
<tr>
<td>CONTACT INFORMATION:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>(972) 422-2911</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:Bridget.oneal@hopesdoorinc.org">Bridget.oneal@hopesdoorinc.org</a></td>
</tr>
<tr>
<td>Fax:</td>
<td>(972) 423-4154</td>
</tr>
<tr>
<td>Appointments can be made:</td>
<td>X Phone □ E-Mail □ Fax □ Walk-In</td>
</tr>
<tr>
<td>Hours during which intake is conducted:</td>
<td>2 Thursdays per month, call for appointment</td>
</tr>
<tr>
<td>Applicants need to bring the following in order to qualify for services:</td>
<td></td>
</tr>
<tr>
<td>X Identification (Describe):</td>
<td></td>
</tr>
<tr>
<td>□ Proof of Income (Describe):</td>
<td></td>
</tr>
<tr>
<td>□ Proof of last known or current address (Describe):</td>
<td></td>
</tr>
<tr>
<td>□ Proof of Disabled Status (Describe):</td>
<td></td>
</tr>
<tr>
<td>□ Referral Letter (Describe):</td>
<td></td>
</tr>
<tr>
<td>X Other (Describe): contact information for referral source (probation officer, CPS, etc.)</td>
<td></td>
</tr>
<tr>
<td>□ Other (Describe):</td>
<td></td>
</tr>
<tr>
<td>□ Other (Describe):</td>
<td></td>
</tr>
</tbody>
</table>

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Orientation, intake and 24 week group program for family violence offenders.

Is there a monetary charge to participate?  X Yes □ No  If yes, describe it below:

Orientation $50, Intake- No charge, Groups $30 each, Exit-no charge

Are participants required to attend religious activities?  □ Yes  X No  If yes, describe below:
**ELIGIBILITY:**

- X Single Males
- X Single Females
- □ Families
- □ Married Couples
- □ Unmarried Couples

**DISABLED / EMPLOYMENT STATUS:**

- Must a household be disabled in order to qualify? □ Yes  X No
- Must a household be employed / receiving income in order to qualify? □ Yes  X No

**Does the Program accept:**

- X Pregnant Females
- X Undocumented persons
- X Felons
- □ Sex Offenders
- □ Persons who are currently using drugs
- □ Mentally ill persons who are un-medicated

- Are boys separated from families at a certain age? □ Yes  X No
- If yes, describe what age and how that process is handled in the space below:

**AGE:**

- □ Yes
- □ No

If so, please provide them in the space provided below.

18 and up

**Describe below any other requirements which must be met by program participants in order to qualify:**

**Describe below what might cause a household to be removed from the program:**

Lack of attendance; lack of payment of program fees; breaking program rules.
## INTEGRITY ASSET MANAGEMENT PROGRAM PROFILE

**PROGRAM NAME:** Integrity Asset Management Living With Integrity

**PROGRAM SERVICE ADDRESS:** 8201 Lockheed #100, El Paso, Texas 79925

**CONTACT NAME(S) (For persons seeking assistance):**
- K.C. Griffin
- Kendra Guinn
- Melanie Bailey

### CONTACT INFORMATION:

<table>
<thead>
<tr>
<th>Phone</th>
<th>915-772-5170</th>
<th>469-358-4827</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:kespinoza@integrityamc.com">kespinoza@integrityamc.com</a></td>
<td><a href="mailto:kguinn@integrityamc.com">kguinn@integrityamc.com</a></td>
</tr>
<tr>
<td>Fax:</td>
<td>915-772-5170</td>
<td>469-358-4827</td>
</tr>
</tbody>
</table>

Appointments can be made: [ ] Phone [ ] E-Mail [ ] Fax [ ] Walk-In

Hours during which intake is conducted: 9:30 AM – 6:30 PM Mon - Fri

Applicants need to bring the following in order to qualify for services:

- [ ] Identification (Describe): 
- [ ] Proof of Income (Describe):
- [ ] Proof of last known or current address (Describe):
- [ ] Proof of Disabled Status (Describe):
- [x] Referral Letter (Describe): Referral from housing agency
- [x] Other (Describe): Or an appointment can be set by someone from housing agency

### PROGRAM DESCRIPTION:

Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Living with Integrity is a housing partnership that offers reduced rents and modified qualifying criteria at 10 apartment communities in the Dallas area and 2 apartment communities in the Fort Worth area to agencies that are trying get the most value from the housing funds they receive. We have project based program opportunities, offer bulk leasing opportunities and work with all individual voucher or agency paid clients. We are experienced in the protocol and paperwork required to administer the various programs and have outstanding referrals from several non-profit agencies that we have partnered with for placement. We provide on-site apartments for case management and client care. Our staffs are committed to helping our residents adapt to community living and we have outstanding references available from clients served through the various programs.

Is there a monetary charge to participate? [ ] Yes [x] No  If yes, describe it below:

Are participants required to attend religious activities? [ ] Yes [x] No  If yes, describe below:
**ELIGIBILITY:**

- Single Males
- Single Females
- Families
- Married Couples
- Unmarried Couples

**DISABLED / EMPLOYMENT STATUS:**

- Must a household be disabled in order to qualify?  Yes  No
- Must a household be employed / receiving income in order to qualify?  Yes  No

**Does the Program accept:**

- Pregnant Females
- Undocumented persons
- Felons – depending on how long ago it occurred and the nature of the offense
- Sex Offenders
- Persons who are currently using drugs
- Mentally ill persons who are un-medicated

- Are boys separated from families at a certain age?  Yes  No

If yes, describe what age and how that process is handled in the space below:

**AGE:**

- Does this program have age restrictions?  Yes  No

If so, please provide them in the space provided below. Must be of legal age to enter into a lease agreement or lease agreement must be with agency representative of age to enter into lease agreement

**Describe below any other requirements which must be met by program participants in order to qualify:**

Referral from housing agency, proof of income or proof of subsidized housing such as voucher, agency commitment, Section 8, etc.

**Describe below what might cause a household to be removed from the program:**

Crime against another person while residing at community, criminal activity while residing at community
**INTERFAITH HOUSING COALITION (IHC) PROGRAM PROFILE**

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>Interfaith Housing Coalition (IHC) EQUIP Homeless Prevention Ministry</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>5600 Ross Avenue</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Intake</td>
</tr>
</tbody>
</table>

**CONTACT INFORMATION:**

| Phone: | 214-827-7220 ext. 114 |
| E-mail Address: | |
| Fax: | 214-827-7378 |

Appointments can be made:  
- Phone [X]  
- E-Mail [ ]  
- Fax [ ]  
- Walk-In [ ]

Hours during which intake is conducted:  
9:00 AM – 4:00 PM

Applicants need to bring the following in order to qualify for services:

- [X] Identification (Describe): DL and Social Security Card
- [X] Proof of Income (Describe): Pay stubs; unemployment benefits; bank statements
- [X] Proof of last known or current address (Describe): Lease; utility bills; eviction notice
- [ ] Proof of Disabled Status (Describe):  
- [ ] Referral Letter (Describe):  
- [ ] Other (Describe):

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Homeless Prevention Mentoring Program that provides crisis funding to stabilize at risk families with children for homelessness. Eligible families receive financial assistance for rental, utility, and housing related costs. Families must participate in mentoring for up to 6 months in a structured curriculum that equips them with long-term self-sufficiency tools. Funding available primarily for residents of City of Dallas, Plano or Garland.

Is there a monetary charge to participate? [ ] Yes  [X] No  If yes, describe it below:

Are participants required to attend religious activities? [ ] Yes  [X] No  If yes, describe below:

---

Page 65 of 147
**ELIGIBILITY:**

- Single Males
- Single Females
- Families
- Married Couples
- Unmarried Couples

**DISABLED / EMPLOYMENT STATUS:**

- Must a household be disabled in order to qualify?  [ ] Yes  [x] No
- Must a household be employed / receiving income in order to qualify?  [ ] Yes  [x] No

**Does the Program accept:**

- Pregnant Females  [x]
- Undocumented persons
- Felons
- Sex Offenders
- Persons who are currently using drugs
- Mentally ill persons who are un-medicated

- Are boys separated from families at a certain age?  [ ] Yes  [x] No
  - If yes, describe what age and how that process is handled in the space below:

**AGE:**

- Does this program have age restrictions?  [x] Yes  [ ] No
  - If so, please provide them in the space provided below.
  - Adults with children 17 years are under.

**Describe below any other requirements which must be met by program participants in order to qualify:**

- Behind on Rent
- 50 percent at or below median income
- Must participate in mentoring
- Drug –Free
- No Aggressive felonies
- Children residing in home
- Reside in service areas
- Employable or Employed

**Describe below what might cause a household to be removed from the program:**

- Non-compliance
- Alcohol and drug use
- Concurrent application with HPRP agency
## LADIES OF CHARITY PROGRAM PROFILE

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>Ladies of Charity Basic Need Kits for Supportive Housing</th>
</tr>
</thead>
</table>
| PROGRAM SERVICE ADDRESS: | 2710 Samuell, Dallas, TX 75223  
Mail: P.O. Box 595666, Dallas, TX 75359-0666 |
| CONTACT NAME(S) (For Care/Case Managers seeking assistance): | Marguerite /Thursday  
Mary & Sue Ann/ Monday |
| CONTACT INFORMATION: | Phone: 214-821-5775  
E-mail Address:  
Fax: 214-821-5775 |
| Appointments can be made: PHONE ONLY | ☑ Phone  ☐ E-Mail  ☐ Fax  ☐ Walk-In |
| Hours during which intake is conducted: | 9:30 a.m. – 12:30 p.m. Monday and Thursday |

### PROGRAM DESCRIPTION:
Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Referral Program Only working with Care/Case Managers.  
Provide basic need kits to clients moving into supportive housing.  
Kit includes: Linens, kitchen items, cleaning supplies, personal hygiene items and clothing  
Food pantry assistance is determined on an individual basis.

Is there a monetary charge to participate?  ☑ Yes  ☐ No  
If yes, describe it below:

Are participants required to attend religious activities?  ☑ Yes  ☐ No  
If yes, describe below:
**ELIGIBILITY:**

- Single Males
- Single Females
- Families
- Married Couples
- Unmarried Couples

**DISABLED / EMPLOYMENT STATUS:**

- Must a household be disabled in order to qualify?  Yes  No
- Must a household be employed / receiving income in order to qualify?  Yes  No

**Does the Program accept:**

- NOT APPLICABLE – CARE/CASE MANAGER DETERMINES NEED
- Pregnant Females
- Undocumented persons
- Felons
- Sex Offenders
- Persons who are currently using drugs
- Mentally ill persons who are un-medicated

- Are boys separated from families at a certain age?  Yes  No
- If yes, describe what age and how that process is handled in the space below:

**AGE:**

- Does this program have age restrictions?  Yes  No
- If so, please provide them in the space provided below.

**Describe below any other requirements which must be met by program participants in order to qualify:**

- NO WALK-INS

- PREFER CARE/CASE MANAGERS ACCOMPANY CLIENTS FOLLOWING TELEPHONE CONTACT WITH LOC ASSISTANCE VOLUNTEER TO DETERMINE DATE TO PICK UP BASIC NEED KIT.

- BASIC NEED APARTMENT KIT IS A ONE TIME SERVICE.

- FOOD PANTRY REQUIREMENTS ARE ARRANGED THROUGH CARE/CASE MANAGERS

- Describe below what might cause a household to be removed from the program: NA

- ALL SERVICES ARE UPON REQUEST BY THE CASE MANAGER TO DETERMINE NEED.
**LEGAL AID OF NORTHWEST TEXAS PROGRAM PROFILE**

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>Legal Aid of NorthWest Texas</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>1515 Main St., Dallas, TX 75201</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Ericka Hightower</td>
</tr>
<tr>
<td>CONTACT INFORMATION:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>(214)748-1234</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td></td>
</tr>
<tr>
<td>Fax:</td>
<td>(214)748-8773</td>
</tr>
</tbody>
</table>

**Appointments can be made:**
- [x] Phone
- [ ] E-Mail
- [x] Fax
- [ ] Walk-In

**Hours during which intake is conducted:**
- Mondays at 8 AM (1st 30 people)

**Applicants need to bring the following in order to qualify for services:**
- [x] Identification (Describe): Driver’s License or State ID and Social Security Card
- [ ] Proof of Income (Describe):
- [x] Proof of last known or current address (Describe): Particularly if living in shelter/transitional housing
- [ ] Proof of Disabled Status (Describe):
- [ ] Referral Letter (Describe):
- [x] Other (Describe): Any and all documents/ notices related to legal problem
- [ ] Other (Describe):
- [ ] Other (Describe):

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

We provide no-cost legal services to low-income clients. We provide a range of legal services to our clients, from simple legal advice and brief services to full representation in both state and federal courts. Our diverse civil practice areas include consumer debt, foreclosure actions, landlord/tenant (including evictions), education, Social Security, food stamps, family law, unemployment, tax issues, and bankruptcy.

**Is there a monetary charge to participate?**
- [ ] Yes
- [x] No

**Are participants required to attend religious activities?**
- [ ] Yes
- [x] No
<table>
<thead>
<tr>
<th>ELIGIBILITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Single Males ☒ Single Females ☒ Families ☒ Married Couples ☒ Unmarried Couples</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISABLED / EMPLOYMENT STATUS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must a household be disabled in order to qualify? ☐ Yes ☒ No</td>
</tr>
<tr>
<td>Must a household be employed / receiving income in order to qualify? ☐ Yes ☒ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the Program accept:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Pregnant Females ☒ Undocumented persons ☒ Felons ☒ Sex Offenders</td>
</tr>
<tr>
<td>☒ Persons who are currently using drugs ☒ Mentally ill persons who are un-medicated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGE: Does this program have age restrictions?</th>
<th>☐ Yes ☒ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If so, please provide them in the space provided below.</td>
<td></td>
</tr>
</tbody>
</table>

Describe below any other requirements which must be met by program participants in order to qualify:

- Must meet income guidelines
- Must meet asset guidelines

Describe below what might cause a household to be removed from the program:

- Providing untruthful information while in the program
- Being uncooperative with the case attorney or acting contrary to legal advice to the detriment of the case
- Failing to maintain contact with the case attorney, including failure to provide updated contact information (e.g., address & phone number)
- Becoming financially ineligible
<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>Legal Aid of NorthWest Texas</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>1818 Corsicana St. Dallas, TX 75201</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Sara Erickson, David Kellogg</td>
</tr>
<tr>
<td>CONTACT INFORMATION:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>(214)670-1132</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:ericksons@lanwt.org">ericksons@lanwt.org</a></td>
</tr>
<tr>
<td>Fax:</td>
<td>(214)748-8773</td>
</tr>
<tr>
<td>Appointments can be made:</td>
<td>Phone ☒ E-Mail ☐ Fax ☐ Walk-In ☒</td>
</tr>
<tr>
<td>Hours during which intake is conducted:</td>
<td>Mon. – Thu. 9AM-12PM</td>
</tr>
</tbody>
</table>

**Applicants need to bring the following in order to qualify for services:**

- ☒ Identification (Describe): Driver’s License or State ID and Social Security Card
- ☐ Proof of Income (Describe):
- ☒ Proof of last known or current address (Describe): Letter from homeless shelter or other living facility verifying individual reside there
- ☐ Proof of Disabled Status (Describe):
- ☐ Referral Letter (Describe):
- ☒ Other (Describe): Any and all documents related to legal problem
- ☐ Other (Describe):
- ☐ Other (Describe):

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

This intake location is at The Bridge Homeless Assistance Center. Assistance is specifically reserved for those who are homeless. Our assistance includes representation in consumer debt cases, consumer auto, foreclosure, evictions, education, social security, food stamps, family law, unemployment, small claims, tax, and bankruptcy.

**Is there a monetary charge to participate?** ☐ Yes ☒ No If yes, describe it below:

**Are participants required to attend religious activities?** ☐ Yes ☒ No If yes, describe below:
### ELIGIBILITY:

<table>
<thead>
<tr>
<th>Single Males</th>
<th>Single Females</th>
<th>Families</th>
<th>Married Couples</th>
<th>Unmarried Couples</th>
</tr>
</thead>
</table>

### DISABLED / EMPLOYMENT STATUS:

Must a household be disabled in order to qualify?  
- [ ] Yes  
- [x] No

Must a household be employed / receiving income in order to qualify?  
- [ ] Yes  
- [x] No

### Does the Program accept:

- [x] Pregnant Females  
- [ ] Undocumented persons  
- [x] Felons  
- [x] Sex Offenders  
- [x] Persons who are currently using drugs  
- [x] Mentally ill persons who are un-medicated

Are boys separated from families at a certain age?  
- [ ] Yes  
- [x] No (Not Applicable)

If yes, describe what age and how that process is handled in the space below:

---

### AGE:

Does this program have age restrictions?  
- [ ] Yes  
- [x] No

If so, please provide them in the space provided below.

---

### Describe below any other requirements which must be met by program participants in order to qualify:

- Must meet income guidelines
- Must meet asset guidelines

### Describe below what might cause a household to be removed from the program:

- Providing untruthful information while in the program
- Being uncooperative with the case attorney or acting contrary to legal advice to the detriment of the case
- Failing to maintain contact with the case attorney, including failure to provide updated contact information (e.g., address & phone number)
- Becoming financially ineligible
PROGRAM NAME: LifeNet Community Behavioral Healthcare Housing

PROGRAM SERVICE ADDRESS: 9708 Skillman Street, Dallas, TX 75243-5150

CONTACT NAME(S) (For persons seeking assistance): Brandon Long

CONTACT INFORMATION:

<table>
<thead>
<tr>
<th>Phone:</th>
<th>972-232-0800</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:blong@lifenettexas.org">blong@lifenettexas.org</a></td>
</tr>
<tr>
<td>Fax:</td>
<td>214-932-1977</td>
</tr>
</tbody>
</table>

Appointments can be made: X Phone □ E-Mail □ Fax X Walk-In

Hours during which intake is conducted: 8 AM – 5 PM Monday-Friday

Applicants need to bring the following in order to qualify for services:

- **X** Identification (Describe): Photo ID and Social Security Card
- **X** Proof of Income (Describe): Award Letter, Pay Stubs, etc. if applicable
- **X** Proof of last known or current address (Describe): Homeless Letter on Agency Letterhead
- **X** Proof of Disabled Status (Describe): If already diagnosed with a Mental Illness
- □ Referral Letter (Describe):
- □ Other (Describe):
- □ Other (Describe):
- □ Other (Describe):

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

LifeNet provides Permanent Supportive Housing in the form of apartments and group homes. All clients receive case management and may have access to LifeNet’s Food Pantry. Case managers assist the participants with achieving housing goals.

Is there a monetary charge to participate? **X** Yes □ No If yes, describe it below:

Clients with income may have to pay a security deposit and application fee. Clients without income will be assisted with the security deposit and application fee. Clients with income must provide a monthly rent of 30% of their monthly income.

Are participants required to attend religious activities? □ Yes **X** No If yes, describe below:
<table>
<thead>
<tr>
<th>ELIGIBILITY:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X Single Males</td>
<td>X Single Females</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISABLED / EMPLOYMENT STATUS:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Must a household be disabled in order to qualify?</td>
<td>Yes ☒ No ☐ Mental disability</td>
</tr>
<tr>
<td>Must a household be employed / receiving income in order to qualify?</td>
<td>Yes ☐ No ☒</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the Program accept:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X Pregnant Females</td>
<td>☒ Undocumented persons</td>
</tr>
<tr>
<td>X Persons who are currently using drugs</td>
<td>☐ Mentally ill persons who are un-medicated</td>
</tr>
</tbody>
</table>

| Are boys separated from families at a certain age? | Yes ☐ No ☒ |
| If yes, describe what age and how that process is handled in the space below: | N/A |

<table>
<thead>
<tr>
<th>AGE:</th>
<th>Does this program have age restrictions?</th>
<th>Yes ☒ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>If so, please provide them in the space provided below.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

At least 18 years old unless the child of a client.

**Describe below any other requirements which must be met by program participants in order to qualify:**

A client must be receiving services at LifeNet for a mental illness and must be able to prove current homelessness per HUD guidelines.

**Describe below what might cause a household to be removed from the program:**

Criminal Activity, Use of Alcohol or Drugs, Unauthorized Guests, Non-Payment of Rent, Willingly leaves and moves to a better living situation (Success).
LIFENET COMMUNITY BEHAVIORAL HEALTHCARE PROGRAM PROFILE

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>LifeNet Community Behavioral Healthcare Vocational/Employment Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>9708 Skillman Street, Dallas, TX 75243-5150</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Craven Vasquez</td>
</tr>
</tbody>
</table>

**CONTACT INFORMATION:**

<table>
<thead>
<tr>
<th>Phone:</th>
<th>214-687-6959</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:cvasquez@lifenettexas.org">cvasquez@lifenettexas.org</a></td>
</tr>
<tr>
<td>Fax:</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Appointments can be made: X Phone  E-Mail  Fax  X Walk-In with Case Manager

Hours during which intake is conducted: 9 AM – 5 PM  Monday-Friday

Applicants need to bring the following in order to qualify for services:

- X Identification (Describe): Photo ID and Social Security Card
- □ Proof of Income (Describe):
- □ Proof of last known or current address (Describe):
- X Proof of Disabled Status (Describe): From DARS or other Agency
- x Referral Letter (Describe): From DARS or other Agency
- □ Other (Describe):
- □ Other (Describe):
- □ Other (Describe):

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Vocational and Supported Employment Services for both the General Public and LifeNet Clients.

Is there a monetary charge to participate? □ Yes  X No  If yes, describe it below:

Are participants required to attend religious activities? □ Yes  X No  If yes, describe below:
ELIGIBILITY:

| X Single Males | X Single Females | X Families | X Married Couples | X Unmarried Couples |

DISABLED / EMPLOYMENT STATUS:

| Must a household be disabled in order to qualify? | Yes | No |
| Must a household be employed / receiving income in order to qualify? | Yes | No |

Does the Program accept:

| X Pregnant Females | X Undocumented persons | X Felons | X Sex Offenders | X Persons who are currently using drugs | X Mentally ill persons who are un-medicated |

Are boys separated from families at a certain age? | Yes | No |

If yes, describe what age and how that process is handled in the space below: N/A

N/A

AGE:

| Does this program have age restrictions? | X Yes | No |

Due to Labor Laws you must be 16 years or older to apply.

Describe below any other requirements which must be met by program participants in order to qualify:

Must pass a drug screening and a background check.

Describe below what might cause a household to be removed from the program:

N/A
LIFENET COMMUNITY BEHAVIORAL HEALTHCARE PROGRAM PROFILE

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>LifeNet Community Behavioral Healthcare Jail Diversion</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>9708 Skillman Street, Dallas, TX 75243-5150</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Crystal Garland</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTACT INFORMATION:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td>214-674-9718</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:cgarland@lifenettexas.org">cgarland@lifenettexas.org</a></td>
</tr>
<tr>
<td>Fax:</td>
<td>214-932-1989</td>
</tr>
<tr>
<td>Appointments can be made:</td>
<td>X Phone  X E-Mail  X Fax  X Walk-In</td>
</tr>
<tr>
<td>Hours during which intake is conducted:</td>
<td>8 AM – 5 PM  Monday-Friday</td>
</tr>
</tbody>
</table>

**Applicants need to bring the following in order to qualify for services:**

- X Identification (Describe): Photo ID and Social Security Card
- X Proof of Income (Describe): Award Letter, Pay Stubs, etc. if applicable
- X Proof of last known or current address (Describe): Homeless Letter on Agency Letterhead
- X Proof of Disabled Status (Describe): Must have a Mental Illness
- X Referral Letter (Describe): Dallas County Courts
- Other (Describe):
  - Other (Describe):
  - Other (Describe):

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Intensive Case Management services to probationers who have not been successful on probation. The program works very closely with judges and probation officers by providing weekly progress reports on the probationer’s participation in the program. Program assist’s the client with linking to various resources within the community and educating the client on his/her mental illness.

Is there a monetary charge to participate?  □ Yes  X No  If yes, describe it below:

Are participants required to attend religious activities?  □ Yes  X No  If yes, describe below:
<table>
<thead>
<tr>
<th>ELIGIBILITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Single Males</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISABLED / EMPLOYMENT STATUS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must a household be disabled in order to qualify? X Yes □ No</td>
</tr>
<tr>
<td>Must a household be employed / receiving income in order to qualify? □ Yes X No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the Program accept:</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Pregnant Females</td>
</tr>
</tbody>
</table>

| Are boys separated from families at a certain age? □ Yes X No |  
| If yes, describe what age and how that process is handled in the space below: N/A |  

<table>
<thead>
<tr>
<th>AGE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does this program have age restrictions? X Yes □ No</td>
</tr>
<tr>
<td>If so, please provide them in the space provided below.</td>
</tr>
</tbody>
</table>

| Must be adults age 18 or older. |  

<table>
<thead>
<tr>
<th>Describe below any other requirements which must be met by program participants in order to qualify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must be court approved and court referred.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Describe below what might cause a household to be removed from the program:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not being treatment compliant and not being compliant with the courts.</td>
</tr>
</tbody>
</table>


# Lifenet Community Behavioral Healthcare Program Profile

## Program Name:
LifeNet Community Behavioral Healthcare Mental Health Services

## Program Service Address:
9708 Skillman Street, Dallas, TX 75243-5150

### Contact Name(s) (For persons seeking assistance):
- Vicki West
- Cory Puckett

## Contact Information:

<table>
<thead>
<tr>
<th>Phone</th>
<th>214-932-1993</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail</td>
<td><a href="mailto:vwest@lifenettexas.org">vwest@lifenettexas.org</a></td>
</tr>
<tr>
<td>Fax</td>
<td>214-932-1977</td>
</tr>
</tbody>
</table>

### Appointments can be made:
- Phone
- E-mail
- Fax
- X Walk-In

### Hours during which intake is conducted:
8:30 AM to 2:30 PM Mon-Fri

### Applicants need to bring the following in order to qualify for services:

<table>
<thead>
<tr>
<th>Identification (Describe):</th>
<th>Photo ID and Social Security Card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Income (Describe):</td>
<td>Award Letter, Pay Stubs, etc. if applicable</td>
</tr>
<tr>
<td>Proof of last known or current address (Describe):</td>
<td>Lease Agreement, Current utility bill from applicant or head of household</td>
</tr>
<tr>
<td>Proof of Disabled Status (Describe):</td>
<td></td>
</tr>
<tr>
<td>Referral Letter (Describe):</td>
<td></td>
</tr>
<tr>
<td>Other (Describe):</td>
<td></td>
</tr>
<tr>
<td>Other (Describe):</td>
<td></td>
</tr>
<tr>
<td>Other (Describe):</td>
<td></td>
</tr>
</tbody>
</table>

## Program Description:
Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Mental Health Outpatient Services –
Doctor Visits, Medication Management, Case Management, Counseling, Housing, Vocational Services,
Group Counseling Services: Coping Skills, Bipolar, Self-Esteem, Skills Training

### Is there a monetary charge to participate?
- Yes
- X No

If yes, describe it below:

### Are participants required to attend religious activities?
- Yes
- X No

If yes, describe below:

---

Page 79 of 147
<table>
<thead>
<tr>
<th><strong>ELIGIBILITY:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>X Single Males</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>DISABLED / EMPLOYMENT STATUS:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Must a household be disabled in order to qualify?</td>
</tr>
<tr>
<td>Must a household be employed / receiving income in order to qualify?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Does the Program accept:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>X Pregnant Females</td>
</tr>
<tr>
<td>Are boys separated from families at a certain age?</td>
</tr>
<tr>
<td>If yes, describe what age and how that process is handled in the space below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>AGE:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Does this program have age restrictions?</td>
</tr>
<tr>
<td>Must be 17 years or older.</td>
</tr>
<tr>
<td>If so, please provide them in the space provided below.</td>
</tr>
</tbody>
</table>

**Describe below any other requirements which must be met by program participants in order to qualify:**

**Describe below what might cause a household to be removed from the program:**

Violent Behavior or Physical Aggression
LIFENET COMMUNITY BEHAVIORAL HEALTHCARE PROGRAM PROFILE

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>LifeNet Community Behavioral Healthcare Chemical Dependency/Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>9708 Skillman Street, Dallas, TX 75243-5150</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Deron Williams  Vicki West</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTACT INFORMATION:</th>
<th>Phone: 214-534-9114  972-974-6307</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: 214-932-1977</td>
<td>E-mail Address: <a href="mailto:dwilliams@lifenettexas.org">dwilliams@lifenettexas.org</a>  <a href="mailto:vwest@lifenettexas.org">vwest@lifenettexas.org</a></td>
</tr>
<tr>
<td>Fax: 214-932-1977</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appointments can be made:</th>
<th>Phone  E-Mail  Fax  X Walk-In</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours during which intake is conducted:</td>
<td>8:30 AM to 2:30 PM  Mon-Fri</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicants need to bring the following in order to qualify for services:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification (Describe): Photo ID and Social Security Card</td>
</tr>
<tr>
<td>Proof of Income (Describe): Award Letter, Pay Stubs, etc. if applicable</td>
</tr>
<tr>
<td>Proof of last known or current address (Describe): Lease Agreement, current utility bill from applicant or head of household</td>
</tr>
<tr>
<td>Proof of Disabled Status (Describe): Letter from Disability source</td>
</tr>
<tr>
<td>Referral Letter (Describe):</td>
</tr>
<tr>
<td>Other (Describe):</td>
</tr>
<tr>
<td>Other (Describe):</td>
</tr>
</tbody>
</table>

PROGRAM DESCRIPTION: Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

3 Phase Treatment Program- IOP 4 times per week for 5 weeks (Attendance Required in all 3 classes)
SOP 3 times per week for 5 weeks
Aftercare 1 time per week for 8 weeks

Is there a monetary charge to participate?  Yes  X  No  If yes, describe it below:

Are participants required to attend religious activities?  Yes  X  No  If yes, describe below:
### ELIGIBILITY:

| X Single Males | X Single Females | □ Families | □ Married Couples | □ Unmarried Couples |

### DISABLED / EMPLOYMENT STATUS:

Must a household be disabled in order to qualify? ☐ Yes  X No

Must a household be employed / receiving income in order to qualify? ☐ Yes  X No

### Does the Program accept:

| X Pregnant Females | □ Undocumented persons | X Felons | X Sex Offenders | X Persons who are currently using drugs | X Mentally ill persons who are un-medicated |

Are boys separated from families at a certain age? ☐ Yes  ☐ No

If yes, describe what age and how that process is handled in the space below: N/A

N/A

### AGE:

| Does this program have age restrictions? | X Yes  ☐ No |

Ages 18 and older

If so, please provide them in the space provided below.

### Describe below any other requirements which must be met by program participants in order to qualify:

Must have completed a detoxification program if medically necessary. Must be willing and able to develop and maintain abstinence from alcohol, street drugs and prescription medication.

### Describe below what might cause a household to be removed from the program:

Violence, drug or alcohol use, poor effort on assignments and poor attendance.
**PROGRAM NAME:** LifeNet Community Behavioral Healthcare A.C.T. Services

**PROGRAM SERVICE ADDRESS:** 9708 Skillman Street, Dallas, TX 75243-5150

**CONTACT NAME(S) (For persons seeking assistance):**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael</td>
<td>Thompson</td>
</tr>
<tr>
<td>Neva</td>
<td>Deschner</td>
</tr>
</tbody>
</table>

**CONTACT INFORMATION:**

<table>
<thead>
<tr>
<th>Phone</th>
<th>214-932-1965</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:mthompson@lifenettexas.org">mthompson@lifenettexas.org</a> <a href="mailto:ndeschner@lifenettexas.org">ndeschner@lifenettexas.org</a></td>
</tr>
<tr>
<td>Fax</td>
<td>214-932-1977</td>
</tr>
</tbody>
</table>

**Appointments can be made:**

<table>
<thead>
<tr>
<th>Phone</th>
<th>E-Mail</th>
<th>Fax</th>
<th>Walk-In</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Hours during which intake is conducted:**

- **X Phone**
- **E-Mail**
- **X Fax**
- **X Walk-In**

**Applicants need to bring the following in order to qualify for services:**

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Identification (Describe):</td>
<td>Photo ID and Social Security Card</td>
</tr>
<tr>
<td>X Proof of Income (Describe):</td>
<td>Award Letter, Pay Stubs, etc. if applicable</td>
</tr>
<tr>
<td>X Proof of last known or current address (Describe):</td>
<td>Lease Agreement, Current utility bill from applicant or head of household</td>
</tr>
<tr>
<td>Proof of Disabled Status (Describe):</td>
<td></td>
</tr>
<tr>
<td>Referral Letter (Describe):</td>
<td></td>
</tr>
<tr>
<td>Other (Describe):</td>
<td></td>
</tr>
<tr>
<td>Other (Describe):</td>
<td></td>
</tr>
<tr>
<td>Other (Describe):</td>
<td></td>
</tr>
<tr>
<td>Other (Describe):</td>
<td></td>
</tr>
</tbody>
</table>

**PROGRAM DESCRIPTION:**

Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

LifeNet ACT Services are provided to qualifying LifeNet clients. Routine intake is required as clients enroll in NorthStar & LifeNet. They are referred for ACT services by a clinic caseworker, physician or directly from intake. They must have hospitalization for more than 23 hours observation, twice in the last six months or four times in the last two years (dates and places of hospital stays are required). Caseworkers have a 1:10 client ratio & meet clients face to face a minimum of 8 hours a month & twice a week. Client participation is required in programming & meetings with caseworkers. Clients must take medication & meet with caseworkers. Clients are assisted in applying for Social Security Disability, Food Stamps & community resources. LifeNet provides payee status to assist in managing finances. Clients are able to live independently in LifeNet supported housing.

Dual recovery groups are available for those with dual diagnosis of mental illness and substance abuse/chemical dependency. Participation is required in intensive & supportive outpatient drug treatment program, support group meetings & obtain a sponsor. Groups are available for Dual Recovery, women’s issues, anger management, symptom and medication management. ACT services are paid for through Value Options, NorthStar HMO. No fees are charged to clients.
Is there a monetary charge to participate? □ Yes  X No     If yes, describe it below:

Are participants required to attend religious activities? □ Yes  X No     If yes, describe below:

---

### ELIGIBILITY:

<table>
<thead>
<tr>
<th>X Single Males</th>
<th>X Single Females</th>
<th>X Families</th>
<th>X Married Couples</th>
<th>X Unmarried Couples</th>
</tr>
</thead>
</table>

### DISABLED / EMPLOYMENT STATUS:

Must a household be disabled in order to qualify? □ Yes  X No

Must a household be employed / receiving income in order to qualify? □ Yes  X No

### Does the Program accept:

<table>
<thead>
<tr>
<th>X Pregnant Females</th>
<th>X Undocumented persons</th>
<th>X Felons</th>
<th>X Sex Offenders</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Persons who are currently using drugs</td>
<td>X Mentally ill persons who are un-medicated</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are boys separated from families at a certain age? □ Yes  X No

If yes, describe what age and how that process is handled in the space below: N/A

### AGE:

Does this program have age restrictions? □ X Yes  □ No

Ages 18 and older

### Describe below any other requirements which must be met by program participants in order to qualify:

### Describe below what might cause a household to be removed from the program:

Criminal Activity, Use of Alcohol or Drugs, Violence, Aggressive behavior, must stay medication compliant.
**LIFEPATH SYSTEMS PROGRAM PROFILE**

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>LifePath Systems Alma Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>3920 Alma Rd. Plano, TX 75023</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td></td>
</tr>
<tr>
<td>CONTACT INFORMATION:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>972-422-5939</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td></td>
</tr>
<tr>
<td>Fax:</td>
<td>972-509-0923</td>
</tr>
<tr>
<td>Appointments can be made:</td>
<td></td>
</tr>
<tr>
<td>☐ Phone ☐ E-Mail ☐ Fax ☑ Walk-In</td>
<td></td>
</tr>
<tr>
<td>Hours during which intake is conducted: 8:30 AM – 12:30 PM</td>
<td></td>
</tr>
<tr>
<td>Monday - Friday</td>
<td></td>
</tr>
<tr>
<td>Applicants need to bring the following in order to qualify for services:</td>
<td></td>
</tr>
<tr>
<td>☑ Identification (Describe):</td>
<td>Current Drivers License or other proof of residency, including utility bills</td>
</tr>
<tr>
<td>☑ Proof of Income (Describe):</td>
<td>Current tax return, pay stub, etc.</td>
</tr>
<tr>
<td>☑ Proof of last known or current address (Describe):</td>
<td>See above</td>
</tr>
<tr>
<td>☐ Proof of Disabled Status (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Referral Letter (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Other (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Other (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Other (Describe):</td>
<td></td>
</tr>
</tbody>
</table>

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

The Alma Center provides comprehensive mental health services, including psychiatrists, licensed counselors, and caseworkers to individuals with serious mental illness. The center has also recently been licensed as a Substance Abuse provider and will be providing both individual and group counseling services. The Alma Center also houses the center’s ACT Team and HUD Permanent Supported Housing program for homeless individuals with serious mental illness. Bilingual services are available.

Is there a monetary charge to participate? ☑ Yes ☐ No If yes, describe it below:

The majority of clients are eligible for NorthStar services or have Medicare, CHIP or other insurance. If the client does not qualify for these programs, there is a charge for services.

Are participants required to attend religious activities? ☑ Yes ☐ No If yes, describe below:
**ELIGIBILITY:**

<table>
<thead>
<tr>
<th>Single Males</th>
<th>Single Females</th>
<th>Families</th>
<th>Married Couples</th>
<th>Unmarried Couples</th>
</tr>
</thead>
</table>

**DISABLED / EMPLOYMENT STATUS:**

Must a household be disabled in order to qualify? **Yes X No**

Must a household be employed / receiving income in order to qualify? **Yes X No**

**Does the Program accept:**

- X Pregnant Females
- X Undocumented persons
- X Felons
- X Sex Offenders
- X Persons who are currently using drugs
- X Mentally ill persons who are un-medicated

Are boys separated from families at a certain age? **Yes X No**

If yes, describe what age and how that process is handled in the space below:

**AGE:**

<table>
<thead>
<tr>
<th>Does this program have age restrictions?</th>
<th>Yes X No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If so, please provide them in the space provided below.</td>
</tr>
</tbody>
</table>

Describe below any other requirements which must be met by program participants in order to qualify:

Describe below what might cause a household to be removed from the program:
**LIFEPATH SYSTEMS PROGRAM PROFILE**

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>LifePath Systems Avenues Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>201 W. Louisiana St. Suite 100 McKinney, TX 75069</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td></td>
</tr>
<tr>
<td>CONTACT INFORMATION:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>972-562-9647</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td>972-562-2383</td>
</tr>
<tr>
<td>Fax:</td>
<td></td>
</tr>
<tr>
<td>Appointments can be made:</td>
<td>X Walk-In</td>
</tr>
<tr>
<td>Hours during which intake is conducted:</td>
<td>Monday - Friday 8:30 AM– 12:30 PM</td>
</tr>
<tr>
<td>Applicants need to bring the following in order to qualify for services:</td>
<td></td>
</tr>
<tr>
<td>Identification (Describe):</td>
<td>Current Drivers License or other proof of residency, including utility bills</td>
</tr>
<tr>
<td>Proof of Income (Describe):</td>
<td>Current tax return, pay stub, etc.</td>
</tr>
<tr>
<td>Proof of last known or current address (Describe):</td>
<td>See above</td>
</tr>
<tr>
<td>Proof of Disabled Status (Describe):</td>
<td></td>
</tr>
<tr>
<td>Referral Letter (Describe):</td>
<td></td>
</tr>
<tr>
<td>Other (Describe):</td>
<td></td>
</tr>
<tr>
<td>Other (Describe):</td>
<td></td>
</tr>
<tr>
<td>Other (Describe):</td>
<td></td>
</tr>
</tbody>
</table>

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

The Avenues Center provides comprehensive mental health services, including psychiatrists, licensed counselors, and caseworkers to individuals with serious mental illness. The center also provides substance abuse treatment including both Intensive and Supportive Outpatient therapy. Bilingual services are available.

Is there a monetary charge to participate? Yes X No If yes, describe it below:

The majority of clients are eligible for NorthStar services or have Medicare, CHIP or other insurance. If the client does not qualify for these programs, there is a charge for services.

Are participants required to attend religious activities? Yes X No If yes, describe below:
### ELIGIBILITY:

<table>
<thead>
<tr>
<th>Single Males</th>
<th>Single Females</th>
<th>Families</th>
<th>Married Couples</th>
<th>Unmarried Couples</th>
</tr>
</thead>
</table>

### DISABLED / EMPLOYMENT STATUS:

- Must a household be disabled in order to qualify? [ ] Yes [x] No
- Must a household be employed / receiving income in order to qualify? [ ] Yes [x] No

### Does the Program accept:

- [x] Pregnant Females
- [ ] Undocumented persons
- [x] Felons
- [x] Sex Offenders
- [ ] Persons who are currently using drugs
- [x] Mentally ill persons who are un-medicated

- Are boys separated from families at a certain age? [ ] Yes [x] No
  - If yes, describe what age and how that process is handled in the space below:

### AGE:

- [ ] Does this program have age restrictions?  [ ] Yes  [x] No
  - If so, please provide them in the space provided below.

### Describe below any other requirements which must be met by program participants in order to qualify:

### Describe below what might cause a household to be removed from the program:
**LIFEPATH SYSTEMS PROGRAM PROFILE**

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>LifePath Systems Supportive Housing Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>3920 Alma Road Plano TX 75023</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Michael Legan</td>
</tr>
</tbody>
</table>

**CONTACT INFORMATION:**

<table>
<thead>
<tr>
<th>Phone:</th>
<th>972-422-5939 X 1260</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:mleegan@lifepathsystems.org">mleegan@lifepathsystems.org</a></td>
</tr>
<tr>
<td>Fax:</td>
<td>972-509-0923</td>
</tr>
</tbody>
</table>

Appointments can be made: X Phone X E-Mail □ Fax □ Walk-In

Hours during which intake is conducted: By appointment

Applicants need to bring the following in order to qualify for services:

- Identification (Describe): Current Drivers License or other proof of residency
- Proof of Income (Describe): Current tax return, pay stub, benefits information, if available.
- Proof of last known or current address (Describe): Documentation from shelters, police departments, other informants
- Proof of Disabled Status (Describe): Diagnosis of mental illness
- Referral Letter (Describe):
- Other (Describe):
- Other (Describe):
- Other (Describe):

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

LifePath Systems Supportive Housing Program provides permanent supported housing to individuals who are homeless and have a diagnosis of serious mental illness. The program also provides supportive services, such as psychiatric care, counseling, medical care, assistance with employment and transportation. The program serves 8 adults and is located in Collin County.

Is there a monetary charge to participate? □ Yes X No If yes, describe it below:

Are participants required to attend religious activities? □ Yes X No If yes, describe below:
**ELIGIBILITY:**

| X Single Males | X Single Females | Families | Married Couples | Unmarried Couples |

**DISABLED / EMPLOYMENT STATUS:**

- Must a household be disabled in order to qualify?  X Yes   No
- Must a household be employed / receiving income in order to qualify?  X Yes   No

**Does the Program accept:**

- Pregnant Females  Undocumented persons  Felons  Sex Offenders
- Persons who are currently using drugs  X Mentally ill persons who are un-medicated

Are boys separated from families at a certain age?

If yes, describe what age and how that process is handled in the space below:

Program only accepts adults

**AGE:**

| Does this program have age restrictions? | X Yes | No |

If so, please provide them in the space provided below.

Adults only

**Describe below any other requirements which must be met by program participants in order to qualify:**

1. Program participants must meet HUD’s definition of chronic homelessness;
2. Program participants must have a diagnosis of a serious mental illness;
3. Program participants must desire to reside in Collin County.

**Describe below what might cause a household to be removed from the program:**

There are house rules that apply to all participants, including program participation, compliance with treatment plans and use of drugs and alcohol. Staff review instances of non-compliance with participants and may in certain cases require removal from the program.
**MY SECOND CHANCE PROGRAM PROFILE**

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>My Second Chance (MSC) Supportive Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>4347 S. Hampton Rd. Suite 277 Dallas, TX 75232</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Beverly Coulter</td>
</tr>
<tr>
<td>CONTACT INFORMATION:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>214-374-1104</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:Beverlycoulter@mysecondchanceinc.org">Beverlycoulter@mysecondchanceinc.org</a></td>
</tr>
<tr>
<td>Fax:</td>
<td>214-374-7079</td>
</tr>
</tbody>
</table>

**Appointments can be made:**
- [ ] Phone
- [ ] E-Mail
- [ ] Fax
- [ ] Walk-In

**Hours during which intake is conducted:**

Applicants need to bring the following in order to qualify for services:

- [x] Identification (Describe): MSC accepts letters of residency from homeless shelters, documentation showing receipt of government benefits or services, school records, photo copies of old IDs, voter registration cards, and IDs from governmental or community-based social service programs.
- [x] Proof of Income (Describe): Any type that is legal and official
- [ ] Proof of last known or current address (Describe):
- [ ] Proof of Disabled Status (Describe):
- [x] Referral Letter (Describe): Any type that is legal and official
- [ ] Other (Describe):

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

The supportive housing program is designed to provide women with an integrated, ground-breaking gender-specific system of support that bridges the treatment of alcoholism and addictive behaviors with the reconnecting of self, family, workplace, and community. MSC provides client advocacy, housing referrals, recovery support, mentoring and job readiness soft skills. These residential services encourage women to explore options and choices for change in a safe environment.

Is there a monetary charge to participate? [x] Yes [ ] No
If yes, describe it below:

Supportive Housing services are $550.00 per month

Are participants required to attend religious activities? [ ] Yes [x] No
If yes, describe below:
**ELIGIBILITY:**

| Single Males | Single Females | Families | Married Couples | Unmarried Couples |

**DISABLED / EMPLOYMENT STATUS:**

- Must a household be disabled in order to qualify? [ ] Yes [x] No
- Must a household be employed / receiving income in order to qualify? [ ] Yes [x] No

**Does the Program accept:**

- [x] Pregnant Females  
- [x] Undocumented persons  
- [ ] Felons  
- [ ] Sex Offenders  
- [ ] Persons who are currently using drugs  
- [ ] Mentally ill persons who are un-medicated

- Are boys separated from families at a certain age? [ ] Yes [ ] No
  
  If yes, describe what age and how that process is handled in the space below:

  N/A

**AGE:**

- Does this program have age restrictions? [x] Yes [ ] No

  If so, please provide them in the space provided below.

  Age 17 and above

**Describe below any other requirements which must be met by program participants in order to qualify:**

N/A

**Describe below what might cause a household to be removed from the program:**

N/A
**NEW BEGINNING CENTER PROGRAM PROFILE**

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>New Beginning Center Victim Outreach Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>218 N. Tenth Street, Garland, Texas 75010</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Jennifer Spears  Liz Ramos</td>
</tr>
</tbody>
</table>

**CONTACT INFORMATION:**

<table>
<thead>
<tr>
<th>Phone:</th>
<th>972-276-0423</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:jspears@newbeginningcenter.org">jspears@newbeginningcenter.org</a></td>
</tr>
<tr>
<td>Fax:</td>
<td>972-276-1344</td>
</tr>
<tr>
<td>Liz <a href="mailto:Ramos@newbeginningcenter.org">Ramos@newbeginningcenter.org</a></td>
<td></td>
</tr>
</tbody>
</table>

Appointments can be made: 

- [x] Phone  
- [ ] E-Mail  
- [ ] Fax  
- [ ] Walk-In

Hours during which intake is conducted: 

M-TH 9-8  F 9-5

Applicants need to bring the following in order to qualify for services:

- [x] Identification (Describe): 
- [ ] Proof of Income (Describe): 
- [ ] Proof of last known or current address (Describe): 
- [ ] Proof of Disabled Status (Describe): 
- [ ] Referral Letter (Describe): 
- [ ] Other (Describe): 
- [ ] Other (Describe): 
- [ ] Other (Describe): 

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Non-residential services for adult and child victims of domestic violence: case management, legal advocacy, support group, individual counseling, food pantry, protective orders. All available to any victim of domestic violence regardless of income or zip code.

Is there a monetary charge to participate?  

- [ ] Yes  
- [x] No  

If yes, describe it below:

Are participants required to attend religious activities?  

- [ ] Yes  
- [x] No  

If yes, describe below:
<table>
<thead>
<tr>
<th>ELIGIBILITY:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Single Males</td>
<td>☒ Single Females</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISABLED / EMPLOYMENT STATUS:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Must a household be disabled in order to qualify?</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>Must a household be employed / receiving income in order to qualify?</td>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the Program accept:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Pregnant Females</td>
<td>☒ Undocumented persons</td>
</tr>
<tr>
<td>☐ Persons who are currently using drugs</td>
<td>☐ Mentally ill persons who are un-medicated</td>
</tr>
</tbody>
</table>

| Are boys separated from families at a certain age? | ☐ Yes | ☒ No |
| If yes, describe what age and how that process is handled in the space below: |  |

| AGE: | Does this program have age restrictions? | ☐ Yes | ☒ No | If so, please provide them in the space provided below. |

Describe below any other requirements which must be met by program participants in order to qualify:

The only qualifier is being a victim of domestic violence. Limitations of the agency: there is no doctor/physiatrist on staff thus we are not able to accept un-medicated mentally ill clients into the programs.

Describe below what might cause a household to be removed from the program:

No show to appointments; threatening a staff member or other program participant
<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>New Beginning Center Emergency Shelter</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>Confidential</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Isabel Camacho</td>
</tr>
<tr>
<td>CONTACT INFORMATION:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>972-276-0057</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:icamacho@newbeginningcenter.org">icamacho@newbeginningcenter.org</a></td>
</tr>
<tr>
<td>Fax:</td>
<td>972-278-4178</td>
</tr>
<tr>
<td>Appointments can be made:</td>
<td>Phone ☒, E-Mail ☐, Fax ☐, Walk-In ☐</td>
</tr>
<tr>
<td>Hours during which intake is conducted:</td>
<td>24/7</td>
</tr>
<tr>
<td>Applicants need to bring the following in order to qualify for services:</td>
<td></td>
</tr>
<tr>
<td>☒ Identification (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Proof of Income (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Proof of last known or current address (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Proof of Disabled Status (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Referral Letter (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Other (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Other (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Other (Describe):</td>
<td></td>
</tr>
</tbody>
</table>

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Residential services for adult and child victims of domestic violence: case management, legal advocacy, support group, individual counseling, food pantry, protective orders. All available to any victim of domestic violence regardless of income or zip code.

Is there a monetary charge to participate? ☐ Yes ☒ No If yes, describe it below:

Are participants required to attend religious activities? ☐ Yes ☒ No If yes, describe below:
<table>
<thead>
<tr>
<th>ELIGIBILITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗ Single Males  ☑ Single Females  ☑ Families  ☑ Married Couples  ☑ Unmarried Couples</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISABLED / EMPLOYMENT STATUS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must a household be disabled in order to qualify?</td>
</tr>
<tr>
<td>Must a household be employed / receiving income in order to qualify?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the Program accept:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Pregnant Females  ☑ Undocumented persons  ☑ Felons  ☑ Sex Offenders  ☑ Persons who are currently using drugs  ☑ Mentally ill persons who are un-medicated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are boys separated from families at a certain age?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☑ No</td>
</tr>
</tbody>
</table>

If yes, describe what age and how that process is handled in the space below:

The Emergency Shelter is a community living environment, therefore New Beginning Center is not able to accommodate boys older than 12 in the shelter. Typically, the agency will place the family in a hotel room until a better shelter situation can be arranged.

<table>
<thead>
<tr>
<th>AGE: Does this program have age restrictions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☑ No</td>
</tr>
</tbody>
</table>

If so, please provide them in the space provided below.

Describe below any other requirements which must be met by program participants in order to qualify:

The client must be a victim of domestic violence in eminent danger.

Describe below what might cause a household to be removed from the program:

Residential Programs – there is a set of rules that are expected to be followed. Violation of some the rules will result in a person being exited from the program (i.e. revealing the address of the emergency shelter, using while in program, abuse of children of other residents, etc.)
### Program Profile

**Program Name:** New Beginning Center Suburban Homeless Outreach (Transitional Housing)

**Program Service Address:** Scattered sites

**Contact Name(s) (For persons seeking assistance):** Lorena Luna

**Contact Information:**
- **Phone:** 972-276-0057
- **E-mail Address:** lluna@newbeginningcenter.org
- **Fax:** 972-278-4178

**Appointments can be made:**
- [ ] Phone
- [ ] E-Mail
- [ ] Fax
- [ ] Walk-In

**Hours during which intake is conducted:** When needed

**Applicants need to bring the following in order to qualify for services:**
- ✔ Identification (Describe):
- ✔ Proof of Income (Describe):
- [ ] Proof of last known or current address (Describe):
- ✔ Proof of Disabled Status (Describe):
- [ ] Referral Letter (Describe):
- [ ] Other (Describe):
- [ ] Other (Describe):
- [ ] Other (Describe):

**Program Description:**
Transitional Housing program – 10 units include 24 months of rent and utilities covered with assistance for childcare and transportation if needed as well as other supportive services. 2 units include majority of rent and utilities covered with minimal supportive services. Program participant must have completed the emergency shelter program to be considered for the transitional program.

**Is there a monetary charge to participate?**
- ✔ Yes
- [ ] No

If yes, describe it below:
- 10 units have no charge and 2 units have a charge

**Are participants required to attend religious activities?**
- [ ] Yes
- ✔ No

If yes, describe below:
**ELIGIBILITY:**

| ☑ Single Males | ☑ Single Females | ☑ Families | ☐ Married Couples | ☐ Unmarried Couples |

**DISABLED / EMPLOYMENT STATUS:**

Must a household be disabled in order to qualify?  □ Yes  ☑ No

Must a household be employed / receiving income in order to qualify?  ☑ Yes  □ No

**Does the Program accept:**

- ☑ Pregnant Females
- ☑ Undocumented persons
- □ Felons
- □ Sex Offenders
- □ Persons who are currently using drugs
- □ Mentally ill persons who are un-medicated

Are boys separated from families at a certain age?  □ Yes  ☑ No

If yes, describe what age and how that process is handled in the space below:

**AGE:**

| Does this program have age restrictions? | □ Yes | ☑ No | If so, please provide them in the space provided below. |

Describe below any other requirements which must be met by program participants in order to qualify:

Participant must be employed and, if in a unit where 100% of rent and utilities are covered, 30% of income must be placed in a savings account monthly. Goal is self-sufficiency in 24 months for the participant.

Describe below what might cause a household to be removed from the program:

Transitional Programs – there is a set of rules that are expected to be followed. Violation of some the rules will result in a person being exited from the program (i.e. revealing the address of the emergency shelter, using while in program, moving partner into transitional unit, abuse of children of other residents, etc.)
**NEW BEGINNING CENTER PROGRAM PROFILE**

| PROGRAM NAME: | New Beginning Center  
Battering Intervention and Prevention |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>219 State Street, Garland, Texas 75010</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Steve Jackman</td>
</tr>
</tbody>
</table>

**CONTACT INFORMATION:**

| Phone: | 972-276-0423 |
| E-mail Address: | sjackman@newbeginningcenter.org |
| Fax: | 972-276-1344 |

Appointments can be made: [ ] Phone  [ ] E-Mail  [ ] Fax  [ ] Walk-In

Hours during which intake is conducted: Mon-Sat by appointment

Applicants need to bring the following in order to qualify for services:

- [ ] Identification (Describe):
- [ ] Proof of Income (Describe):
- [ ] Proof of last known or current address (Describe):
- [ ] Proof of Disabled Status (Describe):
- [ ] Referral Letter (Describe):
- [ ] Other (Describe):
- [ ] Other (Describe):
- [ ] Other (Describe):

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Services for people who have been accused or convicted of the crime of domestic violence.

Is there a monetary charge to participate?  [ ] Yes  [ ] No  If yes, describe it below:

There is a fee for each group class and the intake

Are participants required to attend religious activities?  [ ] Yes  [ ] No  If yes, describe below:
**ELIGIBILITY:**
- [x] Single Males  
- [x] Single Females  
- [ ] Families  
- [ ] Married Couples  
- [ ] Unmarried Couples

**DISABLED / EMPLOYMENT STATUS:**
- Must a household be disabled in order to qualify?  [ ] Yes  [x] No
- Must a household be employed / receiving income in order to qualify?  [x] Yes  [ ] No

**Does the Program accept:**
- [x] Pregnant Females  
- [x] Undocumented persons  
- [x] Felons  
- [ ] Sex Offenders  
- [ ] Persons who are currently using drugs  
- [ ] Mentally ill persons who are un-medicated

- Are boys separated from families at a certain age?  [ ] Yes  [x] No
  If yes, describe what age and how that process is handled in the space below:

**AGE:**
- Does this program have age restrictions?  [x] Yes  [ ] No
  If so, please provide them in the space provided below.

**Must be at least 18**

**Describe below any other requirements which must be met by program participants in order to qualify:**
- Majority of program participants are court ordered into the program

**Describe below what might cause a household to be removed from the program:**
- Lack of attendance; lack of payment of program fees; threatening another program participant or staff member
<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>Nexus Recovery Center Transitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>8733 La Prada Dr Dallas Texas 75228</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Misty Harris</td>
</tr>
<tr>
<td>CONTACT INFORMATION:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>214-321-0156 Ext 2114</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:Mharris@nexusrecovery.org">Mharris@nexusrecovery.org</a></td>
</tr>
<tr>
<td>Fax:</td>
<td></td>
</tr>
<tr>
<td>Appointments can be made:</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>E-Mail</td>
</tr>
<tr>
<td>Hours during which intake is conducted:</td>
<td></td>
</tr>
<tr>
<td>Applicants need to bring the following in order to qualify for services:</td>
<td></td>
</tr>
<tr>
<td>Identification (Describe):</td>
<td>DL and SS #, state issued ID</td>
</tr>
<tr>
<td>Proof of Income (Describe):</td>
<td>Pay stubs and disability forms</td>
</tr>
<tr>
<td>Proof of last known or current address (Describe):</td>
<td>Homeless shelter or Transitional House</td>
</tr>
<tr>
<td>Proof of Disabled Status (Describe):</td>
<td>SSI/SSDI forms</td>
</tr>
<tr>
<td>Referral Letter (Describe):</td>
<td>Form the Shelter or Transitional House</td>
</tr>
<tr>
<td>Other (Describe):</td>
<td></td>
</tr>
<tr>
<td>PROGRAM DESCRIPTION: Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.</td>
<td></td>
</tr>
<tr>
<td>Homeless service open to City of Dallas residents that meet eligible criteria verifying they are literally homeless. Must have had a prior drug/alcohol problem and are staying sober with the help of an aftercare program provided by Nexus Recovery Center.</td>
<td></td>
</tr>
<tr>
<td>Is there a monetary charge to participate?</td>
<td>Yes ✗ No</td>
</tr>
<tr>
<td>Are participants required to attend religious activities?</td>
<td>Yes ✗ No</td>
</tr>
</tbody>
</table>
### ELIGIBILITY:

- [ ] Single Males  
- [x] Single Females  
- [ ] Families  
- [ ] Married Couples  
- [ ] Unmarried Couples  

### DISABLED / EMPLOYMENT STATUS:

- Must a household be disabled in order to qualify?  
  - [ ] Yes  
  - [x] No  

- Must a household be employed / receiving income in order to qualify?  
  - [ ] Yes  
  - [x] No  

### Does the Program accept:

- [x] Pregnant Females  
- [ ] Undocumented persons  
- [ ] Felons  
- [ ] Sex Offenders  
- [ ] Persons who are currently using drugs  
- [ ] Mentally ill persons who are un-medicated  

- Are boys separated from families at a certain age?  
  - [x] Yes  
  - [ ] No  

If yes, describe what age and how that process is handled in the space below:

- Age 18 if not in school.

### AGE:

- Does this program have age restrictions?  
  - [x] Yes  
  - [ ] No  

If so, please provide them in the space provided below.

- No single minors

### Describe below any other requirements which must be met by program participants in order to qualify:

- Client must be literally homeless.

### Describe below what might cause a household to be removed from the program:

- Drug/alcohol use, criminal activity and falsifying admission documentation.
**PROGRAM NAME:**

NDSM Emergency Assistance

**PROGRAM SERVICE ADDRESS:**

2875 Merrell Road, Dallas, TX 75229

**CONTACT NAME(S) (For persons seeking assistance):**


**CONTACT INFORMATION:**

- **Phone:** 214-358-8700
- **E-mail Address:**
- **Fax:**

**Appointments can be made:**

- Walk-In

**Hours during which intake is conducted:**

- M-F 9:00 a.m. – 3:00 p.m.
- Sat. 9:00 a.m. – 11:30 a.m.

**Applicants need to bring the following in order to qualify for services:**

- **Identification (Describe):** Valid photo ID and social security card if legal resident
- **Proof of Income (Describe):**
- **Proof of last known or current address (Describe):**
- **Proof of Disabled Status (Describe):**
- **Referral Letter (Describe):** After initial visit – Addressed to NDSM with needs specified
- **Other (Describe):**
- **Other (Describe):**
- **Other (Describe):**

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

NDSM may provide food, clothing, eye exams and glasses job counseling and financial assistance for Texas ID for homeless individuals. A referral addressed to NDSM and specifying a specific request(s) from a homeless service provider is generally required after an initial visit.

**Is there a monetary charge to participate?**

- Yes
- No

If yes, describe it below:

**Are participants required to attend religious activities?**

- Yes
- No

If yes, describe below:
**ELIGIBILITY:**

<table>
<thead>
<tr>
<th>Single Males</th>
<th>Single Females</th>
<th>Families</th>
<th>Married Couples</th>
<th>Unmarried Couples</th>
</tr>
</thead>
</table>

**DISABLED / EMPLOYMENT STATUS:**

- Must a household be disabled in order to qualify?  [ ] Yes  [ ] No
- Must a household be employed / receiving income in order to qualify?  [ ] Yes  [ ] No

**Does the Program accept:** All persons seeking assistance, unless marked as “do not help” client, are interviewed. None of the items listed below would automatically disqualify a person unless the person came to NDSM under the influence of drugs or alcohol.

- Pregnant Females  [ ]
- Undocumented persons  [ ]
- Felons  [ ]
- Sex Offenders  [ ]
- Persons who are currently using drugs  [ ]
- Mentally ill persons who are un-medicated  [ ]

- Are boys separated from families at a certain age?  [ ] Yes  [ ] No  Not applicable
  
- If yes, describe what age and how that process is handled in the space below:

**AGE:**  

| Does this program have age restrictions? | [ ] Yes | [ ] No | If so, please provide them in the space provided below. |

- Persons under 18 are not served

Describe below any other requirements which must be met by program participants in order to qualify:

Describe below what might cause a household to be removed from the program:

Any unacceptable, threatening attitude or behavior or untruthfulness disqualified a person. NDSM is not an entitlement program.
**NORTH TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS (NTSPP) PROGRAM PROFILE**

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>North Texas Society of Psychiatric Physicians (NTSPP) Mental Health and Addiction Resources website</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td><a href="http://www.mhaar.org">www.mhaar.org</a></td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Marisa Toups, MD  Margaret Balfour, MD</td>
</tr>
<tr>
<td>CONTACT INFORMATION:</td>
<td>Phone: <a href="mailto:NTSPPmhaar@gmail.com">NTSPPmhaar@gmail.com</a>  Fax: <a href="mailto:NTSPPtreas@gmail.com">NTSPPtreas@gmail.com</a></td>
</tr>
<tr>
<td>Appointments can be made:</td>
<td>Phone  E-Mail  Fax  Walk-In</td>
</tr>
</tbody>
</table>

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

This website (in development) is a public service listing of all mental health and addiction resources for all persons in the 12-county area under NTSPP, 7 counties of which are NorthSTAR counties. The counties include Dallas, Collin, Cooke, Denton, Ellis, Fannin, Grayson, Hunt, Kaufman, Montague, Navarro, and Rockwall counties.

Is there a monetary charge to participate?  [ ] Yes  [X] No  If yes, describe it below:

Are participants required to attend religious activities?  [ ] Yes  [ ] No  If yes, describe below:
## ELIGIBILITY:

<table>
<thead>
<tr>
<th>Option</th>
<th>Single Males</th>
<th>Single Females</th>
<th>Families</th>
<th>Married Couples</th>
<th>Unmarried Couples</th>
</tr>
</thead>
</table>

## DISABLED / EMPLOYMENT STATUS:

Must a household be disabled in order to qualify?  
- Yes  
- No

Must a household be employed / receiving income in order to qualify?  
- Yes  
- No

### Does the Program accept:

- Pregnant Females  
- Undocumented persons  
- Felons  
- Sex Offenders  
- Persons who are currently using drugs  
- Mentally ill persons who are un-medicated

Are boys separated from families at a certain age?  
- Yes  
- No

If yes, describe what age and how that process is handled in the space below:

### AGE:

Does this program have age restrictions?  
- Yes  
- No

If so, please provide them in the space provided below.

Describe below any other requirements which must be met by program participants in order to qualify:

Describe below what might cause a household to be removed from the program:
**PROGRAM NAME:**
North Texas Society of Psychiatric Physicians (NTSPP)
announcement of nonprofit mental health information meetings

**PROGRAM SERVICE ADDRESS:**
www.ntspp.org

**CONTACT NAME(S) (For persons seeking assistance):**
Nicole Cooper, MD

**CONTACT INFORMATION:**

<table>
<thead>
<tr>
<th>Phone</th>
<th>E-mail Address</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="mailto:ntsppchapter@gmail.com">ntsppchapter@gmail.com</a></td>
<td></td>
</tr>
</tbody>
</table>

**Appointments can be made:**

- [ ] Phone
- [ ] E-Mail
- [ ] Fax
- [ ] Walk-In

**Hours during which intake is conducted:**


**Applicants need to bring the following in order to qualify for services:**

- [ ] Identification (Describe):
- [ ] Proof of Income (Describe):
- [ ] Proof of last known or current address (Describe):
- [ ] Proof of Disabled Status (Describe):
- [ ] Referral Letter (Describe):
- [ ] Other (Describe):
- [ ] Other (Describe):
- [ ] Other (Describe):

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

NTSPP is glad to announce any nonprofit mental health, brain disorder, psychiatric programs/events open to the general public and/or to professionals on its website www.ntspp.org.

**Is there a monetary charge to participate?**

- [ ] Yes  
- [x] No

If yes, describe it below:

**Are participants required to attend religious activities?**

- [ ] Yes
- [ ] No

If yes, describe below:
## ELIGIBILITY:

<table>
<thead>
<tr>
<th>Option</th>
<th>Single Males</th>
<th>Single Females</th>
<th>Families</th>
<th>Married Couples</th>
<th>Unmarried Couples</th>
</tr>
</thead>
</table>

## DISABLED / EMPLOYMENT STATUS:

- Must a household be disabled in order to qualify? [ ] Yes [ ] No
- Must a household be employed / receiving income in order to qualify? [ ] Yes [ ] No

### Does the Program accept:

- Pregnant Females [ ]
- Undocumented persons [ ]
- Felons [ ]
- Sex Offenders [ ]
- Persons who are currently using drugs [ ]
- Mentally ill persons who are un-medicated [ ]

- Are boys separated from families at a certain age? [ ] Yes [ ] No
  - If yes, describe what age and how that process is handled in the space below:

### AGE:

- Does this program have age restrictions? [ ] Yes [ ] No
  - If so, please provide them in the space provided below.

### Describe below any other requirements which must be met by program participants in order to qualify:

### Describe below what might cause a household to be removed from the program:
## PROGRAM NAME:
Parkland Health & Hospital System HOMES

### PROGRAM SERVICE ADDRESS:
The Bridge and various mobile sites

### CONTACT NAME(S) (For persons seeking assistance):
- Mirna Avalos
- Kyla Rankin

### CONTACT INFORMATION:

<table>
<thead>
<tr>
<th>Information</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>214-590-0153</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:Mberro@parknet.pmh.org">Mberro@parknet.pmh.org</a></td>
</tr>
<tr>
<td>Fax</td>
<td>214-590-0172</td>
</tr>
</tbody>
</table>

### Appointments can be made:
Walk-In

### Hours during which intake is conducted:
8:30 AM to 7:00 PM; Monday – Thursday and until noon Friday

### Applicants need to bring the following in order to qualify for services:

- Identification (Describe): Helpful to have picture ID and SSN
- Proof of Income (Describe):
- Proof of last known or current address (Describe):
- Proof of Disabled Status (Describe):
- Referral Letter (Describe): Shelter letters helpful
- Other (Describe): Vaccine record, insurance/Medicaid info helpful
- Other (Describe):
- Other (Describe):

### PROGRAM DESCRIPTION:
Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Comprehensive primary health care for homeless individuals of all ages in Dallas County. Acute and chronic health care, check-ups, vaccinations, laboratory testing and education provided on site. Referrals for subspecialty care and radiological exams.

### Is there a monetary charge to participate?
No

### Are participants required to attend religious activities?
No
**ELIGIBILITY:** all below

- Single Males
- Single Females
- Families
- Married Couples
- Unmarried Couples

**DISABLED / EMPLOYMENT STATUS:**

- Must a household be disabled in order to qualify? No
- Must a household be employed / receiving income in order to qualify? No

**Does the Program accept: all below**

- Pregnant Females
- Undocumented persons
- Felons
- Sex Offenders
- Persons who are currently using drugs
- Mentally ill persons who are un-medicated

Are boys separated from families at a certain age? No
If yes, describe what age and how that process is handled in the space below:

**AGE:**

| Does this program have age restrictions? | No | If so, please provide them in the space provided below. |

Describe below any other requirements which must be met by program participants in order to qualify:

- Homeless in Dallas County.

Describe below what might cause a household to be removed from the program:

- Violence against staff.
**PROGRAM NAME:** Promise House Lifestyles (Supportive Housing Project) Transitional Living

**PROGRAM SERVICE ADDRESS:** 224 W. Page Ave

**CONTACT NAME(S) (For persons seeking assistance):** Regina Levine

**CONTACT INFORMATION:**
- **Phone:** 214-941-8578
- **E-mail Address:** teenparents@promisehouse.org
- **Fax:** 214-941-8670

**Appointments can be made:** x Phone  E-Mail  Fax  Walk-In

**Hours during which intake is conducted:** 8:30 am -5:00 pm Mon-Fri

**Applicants need to bring the following in order to qualify for services:**
- **Identification (Describe):** Id, Social Security Card, Birth Cert., School records
- **Proof of Income (Describe):** Check Stud, Child Support, TANF
- **Proof of last known or current address (Describe):**
- **Proof of Disabled Status (Describe):**
- **Referral Letter (Describe):** Documentation of Homelessness
- **Other (Describe):** Other agency in which they have applied

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

The Promise House Lifestyles Supportive Housing Project provides housing and supportive services to unaccompanied homeless pregnant and parenting young adults ages 18-24. We can accept a mother with one child or a mother with two children. Residents can remain in the program for 24 months or until they turn 24 yrs old.

**Is there a monetary charge to participate?** x Yes  No  
If yes, describe it below: If Receiving income resident are asked to pay 20% of income for rent and 5% for utilities.

**Are participants required to attend religious activities?** Yes  No  
If yes, describe below:
<table>
<thead>
<tr>
<th>ELIGIBILITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Males</td>
</tr>
<tr>
<td>DISABLED / EMPLOYMENT STATUS:</td>
</tr>
<tr>
<td>Must a household be disabled in order to qualify? Yes  x No</td>
</tr>
<tr>
<td>Must a household be employed / receiving income in order to qualify? Yes  x No</td>
</tr>
<tr>
<td>Does the Program accept:</td>
</tr>
<tr>
<td>x Pregnant Females</td>
</tr>
<tr>
<td>Persons who are currently using drugs</td>
</tr>
<tr>
<td>Are boys separated from families at a certain age? Yes  x No</td>
</tr>
<tr>
<td>If yes, describe what age and how that process is handled in the space below:</td>
</tr>
<tr>
<td>AGE:  Does this program have age restrictions?</td>
</tr>
<tr>
<td>Must be 18 – 24 years old.</td>
</tr>
<tr>
<td>Describe below any other requirements which must be met by program participants in order to qualify: Must provide proof of homelessness. Must pass criminal background check (done by the apartment complex)</td>
</tr>
<tr>
<td>Describe below what might cause a household to be removed from the program:</td>
</tr>
<tr>
<td>Violence by resident or their guess. Unauthorized person or persons living with them. Violation of program rules.</td>
</tr>
</tbody>
</table>
PROGRAM NAME: Promise House
Lifestyles Transitional Living

PROGRAM SERVICE ADDRESS: 224 W. Page Ave

CONTACT NAME(S) (For persons seeking assistance): Regina Levine

CONTACT INFORMATION:
Phone: 214-941-8578
E-mail Address: teenparents@promisehouse.org
Fax: 214-941-8670

Appointments can be made: x Phone E-Mail Fax Walk-In

Hours during which intake is conducted: 8:30 am – 5:00 pm Mon- Friday

Applicants need to bring the following in order to qualify for services:

Identification (Describe): ID, Social Security Card, Birth certificate, School records

Proof of Income (Describe):

Proof of last known or current address (Describe):

Proof of Disabled Status (Describe):

Referral Letter (Describe):

Other (Describe):

Other (Describe):

Other (Describe):

PROGRAM DESCRIPTION: Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

The program provides living services to older youth 16-20 (16 and 17 yr olds must be emancipated before coming into the program) The program provides shelter, medical, dental, and psychological evaluation and treatment, mental health services, career planning and independent skills training from basic hygiene to finding an apartment. The Lifestyles program is a four phase program, in which each participant moves at their own pace (not to exceed 21 months).

Is there a monetary charge to participate? Yes x No If yes, describe it below:

Are participants required to attend religious activities? Yes x No If yes, describe below:
### ELIGIBILITY:

<table>
<thead>
<tr>
<th></th>
<th>Single Males</th>
<th>Single Females</th>
<th>Families</th>
<th>Married Couples</th>
<th>Unmarried Couples</th>
</tr>
</thead>
<tbody>
<tr>
<td>x Single Males</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>x Single Females</td>
<td></td>
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<tr>
<td>x Families</td>
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</tr>
<tr>
<td>x Married Couples</td>
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<td></td>
</tr>
<tr>
<td>x Unmarried Couples</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DISABLED / EMPLOYMENT STATUS:

- Must a household be disabled in order to qualify? **Yes**  **No**
- Must a household be employed / receiving income in order to qualify? **Yes**  **No**

### Does the Program accept:

- Pregnant Females
- Undocumented persons
- Felons
- Sex Offenders
- Persons who are currently using drugs
- Mentally ill persons who are un-medicated

### Are boys separated from families at a certain age? **Yes**  **x No**

If yes, describe what age and how that process is handled in the space below:

### AGE:

- **Does this program have age restrictions?**
  - **Yes**
  - **x No**

If so, please provide them in the space provided below.

16-20

### Describe below any other requirements which must be met by program participants in order to qualify:

### Describe below what might cause a household to be removed from the program:

- Violence toward staff or other residents.
- Noncompliant of program rules.
PROMISE HOUSE PROGRAM PROFILE

PROGRAM NAME: Promise House Emergency Youth Shelter

PROGRAM SERVICE ADDRESS: 224 W. Page Ave

CONTACT NAME(S) (For persons seeking assistance): Monica Dickerson  Yolanda Hargrove

CONTACT INFORMATION:

<table>
<thead>
<tr>
<th>Phone:</th>
<th>214-941-8578 ext. 235</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail Address:</td>
<td>214-941-8578 ext. 229</td>
</tr>
<tr>
<td>Fax:</td>
<td>214-941-8670</td>
</tr>
</tbody>
</table>

Appointments can be made:

<table>
<thead>
<tr>
<th>Phone</th>
<th>E-Mail</th>
<th>Fax</th>
<th>Walk-In</th>
</tr>
</thead>
</table>

Hours during which intake is conducted:

Applicants need to bring the following in order to qualify for services:

<table>
<thead>
<tr>
<th>Identification (Describe):</th>
<th>Birth certificate and social security card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Income (Describe):</td>
<td></td>
</tr>
<tr>
<td>Proof of last known or current address (Describe):</td>
<td></td>
</tr>
<tr>
<td>Proof of Disabled Status (Describe):</td>
<td></td>
</tr>
<tr>
<td>Referral Letter (Describe):</td>
<td></td>
</tr>
<tr>
<td>Other (Describe):</td>
<td></td>
</tr>
<tr>
<td>Other (Describe):</td>
<td></td>
</tr>
<tr>
<td>Other (Describe):</td>
<td></td>
</tr>
</tbody>
</table>

PROGRAM DESCRIPTION: Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Emergency Youth Shelter for youth between the ages of 10-17. The program is up to 30 days. Youth having issues with family conflict, running away, homelessness, behavior problems and truancy. Case management services, life skills groups, recreation activities, 24 hour supervision, family and individual counseling.

Is there a monetary charge to participate? Yes No If yes, describe it below:

Are participants required to attend religious activities? Yes No If yes, describe below:
**ELIGIBILITY:**

<table>
<thead>
<tr>
<th></th>
<th>Single Males</th>
<th>Single Females</th>
<th>Families</th>
<th>Married Couples</th>
<th>Unmarried Couples</th>
</tr>
</thead>
</table>

**DISABLED / EMPLOYMENT STATUS:**

Must a household be disabled in order to qualify?  Yes  No

Must a household be employed / receiving income in order to qualify?  Yes  No

**Does the Program accept:**

- Pregnant Females
- Undocumented persons
- Felons
- Sex Offenders
- Persons who are currently using drugs
- Mentally ill persons who are un-medicated

Are boys separated from families at a certain age? Yes  No

If yes, describe what age and how that process is handled in the space below:

The youth shelter will accept boys who are not with families. They can be in a sibling group.

**AGE:**

| Does this program have age restrictions? | Yes | No | If so, please provide them in the space provided below. 10-17 |

Describe below any other requirements which must be met by program participants in order to qualify:

Services are voluntarily therefore the youth and family has to be committed to participate in services.

Describe below what might cause a household to be removed from the program:
<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>Promise House Wesley Inn</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>236 W. Page Dallas, Tx. 75208</td>
</tr>
</tbody>
</table>
| CONTACT NAME(S) (For persons seeking assistance): | Doris Sweeney  
Emily Allen |

| CONTACT INFORMATION: | Phone: 214-941-8578  
E-mail Address: wimanager@promisehouse.org  
Fax: 214-946-9498 |

Appointments can be made: x Phone  x E-Mail  Fax  Walk-In

Hours during which intake is conducted: 9 am- 5 pm

Applicants need to bring the following in order to qualify for services:

| (Describe): | B.C., SS, State ID  
Proof of Income (Describe):  
Proof of last known or current address (Describe): A letter from last address indicating why this person cannot live there.  
Proof of Disabled Status (Describe):  
Referral Letter (Describe):  
Other (Describe):  
Other (Describe):  
Other (Describe): |

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Residential program for homeless pregnant and/or parenting teens between the age of 14-21 years old. Clients may stay up to 2 years or until they reach age 21. They receive housing, daycare, medical and dental services, counseling, education, and parenting services.

Is there a monetary charge to participate? Yes x No  If yes, describe it below:

Are participants required to attend religious activities? Yes x No  If yes, describe below:
### ELIGIBILITY:

<table>
<thead>
<tr>
<th>Single Males</th>
<th>Single Females</th>
<th>Families</th>
<th>Married Couples</th>
<th>Unmarried Couples</th>
</tr>
</thead>
</table>

### DISABLED / EMPLOYMENT STATUS:

- **Must a household be disabled in order to qualify?**  
  - Yes  
  - No

- **Must a household be employed / receiving income in order to qualify?**  
  - Yes  
  - No

### Does the Program accept:

- Pregnant Females
- Undocumented persons
- Felons
- Sex Offenders
- Persons who are currently using drugs
- Mentally ill persons who are un-medicated

### Are boys separated from families at a certain age?  
- Yes
- No

If yes, describe what age and how that process is handled in the space below:

### AGE:

<table>
<thead>
<tr>
<th>Does this program have age restrictions?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Age 14-21 years old.

### Describe below any other requirements which must be met by program participants in order to qualify:

The client must be able to function independently and take complete care of their children.

### Describe below what might cause a household to be removed from the program:

If a client breaks four of our major rules, they have to leave. If they are arrested by the authorities or steal within our program they must leave immediately.
**RAINBOW DAYS PROGRAM PROFILE**

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>Rainbow Days Family Connection</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>8150 N. Central Expressway #1600; Dallas 75206</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Kelly Wierzbinski  Cindy Wright</td>
</tr>
</tbody>
</table>

**CONTACT INFORMATION:**

<table>
<thead>
<tr>
<th>Phone:</th>
<th>Main: (214) 887-0726; (214) 887-0726</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct:</td>
<td>(214) 217-3817</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:Kellyw@rdikids.org">Kellyw@rdikids.org</a>  <a href="mailto:Cindyw@rdikids.org">Cindyw@rdikids.org</a></td>
</tr>
<tr>
<td>Fax:</td>
<td>(214) 887-0729</td>
</tr>
</tbody>
</table>

**Appointments can be made:**

- ☒ Phone
- X E-Mail
- ☐ Fax
- ☐ Walk-In

**Hours during which intake is conducted:**

- M-F on-site at shelter

**Applicants need to bring the following in order to qualify for services:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Income</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Address</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Disabled Status</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Referral Letter</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Other</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**PROGRAM DESCRIPTION:**

Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Supportive services for homeless children and their families residing at 18 homeless family and domestic violence housing sites within the City of Dallas. Services include weekly Curriculum-Based Support Groups, three different summer-day camps, mentored arts retreats, Learning Tool Kits, and family outings including Saturday With Santa and an annual Back-to-School Party.

Is there a monetary charge to participate?  ☐ Yes  ☒ No  If yes, describe it below:

Are participants required to attend religious activities?  ☐ Yes  ☒ No  If yes, describe below:
<table>
<thead>
<tr>
<th>ELIGIBILITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Single Males</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISABLED / EMPLOYMENT STATUS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must a household be disabled in order to qualify?</td>
</tr>
<tr>
<td>Must a household be employed / receiving income in order to qualify?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the Program accept:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Pregnant Females</td>
</tr>
<tr>
<td>☐ Persons who are currently using drugs</td>
</tr>
</tbody>
</table>

| Are boys separated from families at a certain age? | ☐ Yes | ☒ No |
| If yes, describe what age and how that process is handled in the space below: |

| AGE: | Does this program have age restrictions? | ☒ Yes | ☐ No |
|      | If so, please provide them in the space provided below. |
|      | Children and youth ages 4 to 15 and their parent(s)/guardian(s) |

| Describe below any other requirements which must be met by program participants in order to qualify: |
| The families we serve are eligible for Rainbow Days program services by virtue of their residence at a homeless shelter. |

| Describe below what might cause a household to be removed from the program: |
| Not being homeless |
SOUL’S HARBOR HOMELESS SHELTER PROGRAM PROFILE

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>Soul’s Harbor Homeless Shelter “Streets to on your Feet” 6 months program</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>13134 Nile Drive  Dallas, TX 75253</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Kurt Jacobs</td>
</tr>
<tr>
<td>CONTACT INFORMATION:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>972-557-0160</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:Souls.Harbor.Dallas@gmail.com">Souls.Harbor.Dallas@gmail.com</a></td>
</tr>
<tr>
<td>Fax:</td>
<td>972-286-5282</td>
</tr>
<tr>
<td>Appointments can be made:</td>
<td>Phone Only</td>
</tr>
<tr>
<td>Hours during which intake is conducted:</td>
<td>M – F 8:30 AM to 5:00 PM</td>
</tr>
</tbody>
</table>

Applicants need to bring the following in order to qualify for services:

- [X] Identification (Describe): Photo ID
- [ ] Proof of Income (Describe):
- [ ] Proof of last known or current address (Describe):
- [ ] Proof of Disabled Status (Describe):
- [ ] Referral Letter (Describe):
- [ ] Other (Describe):

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive. **NOTE – ALL SERVICES ARE FOR RESIDENTS ONLY**

Soul's Harbor is neither a rehabilitation facility nor a true homeless shelter. I would like to categorize Soul’s Harbor as a recovery home where men can learn tools to fight their addiction issues, or life affecting issues and living in a clean, sober and functional environment each day.

To accomplish the goal of recovery, we offer a structured program that fills each resident’s day. During the day, each resident is assigned a work duty that facilitates and supports our recovery home. Job responsibilities are varied and include but are not limited to: kitchen staff, truck drivers, warehouse workers and thrift store personnel. During the evenings, after meals, we provide important meetings that allow the residents to acquire tools, knowledge and training to aid in coping with their addiction and life affecting issues so that they may learn to “...deal with life on life terms.”

Our six months recovery program is divided into three phases. **Phase One** is very important in the recovery process. **Phase One** is 30 days in length and requires the new residents to attend evening meetings Monday through Sunday. Also, the new residents are restricted to the shelter property to facilitate a positive beginning to their recovery process. **Phase Two** requires the residents to attend evening meetings Monday through Friday with Saturday and Sunday programs being optional. During this phase, the resident will be encouraged to develop positive life skills. **Phase Two** is approximately four months in duration. During this phase the residents will be encouraged to choose a sponsor and to begin working a 12-step program. **Phase Three**, the last month of the program involves a job placement phase. Resume writing classes will be offered and, in the future, a caseworker will be assigned to assist the residents with interviewing skills, computer skills and job placement assistance. Soul’s Harbor considers successful program completion, as a resident who has completed the six month recovery program, is active in an outside AA / NA group, or other recovery group, has a sponsor and then has acquired gainful employment.
Currently, our evening meetings are as follows:

**Monday** Relapse Prevention, Anger Management and Counseling

**Tuesday** Overcomers – A faith based 12-step program

**Wednesday** Narcotics Anonymous

**Thursday** Bible Study

**Friday** Alcoholic Anonymous

**Saturday** Alcoholic Anonymous - in house*

**Sunday** Alcoholic Anonymous or Narcotics Anonymous – outside meeting*

*Currently Saturday and Sunday evening meetings are mandatory during a new resident’s first 30 days and are then optional, dependant on discretionary policy making by members of the Soul’s Harbor staff.

Is there a monetary charge to participate?  **No**  If yes, describe it below:

Are participants required to attend religious activities?  **No**  If yes, describe below:

---

**ELIGIBILITY:**

- [x] Single Males Only
- [ ] Single Females
- [ ] Families
- [ ] Married Couples
- [ ] Unmarried Couples

**DISABLED / EMPLOYMENT STATUS:**

- Must a household be disabled in order to qualify?  **No**
- Must a household be employed / receiving income in order to qualify?  **No**

**Does the Program accept:**

- [x] Felons
- [x] Sex Offenders – some
- [ ] Persons who are currently using drugs

Are boys separated from families at a certain age?  If yes, describe what age and how that process is handled in the space below:
<table>
<thead>
<tr>
<th>AGE:</th>
<th>Does this program have age restrictions?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If so, please provide them in the space provided below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minimum age of 18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Describe below any other requirements which must be met by program participants in order to qualify:**

- Capable of working

**Describe below what might cause a household to be removed from the program:**

- Constant use of drugs or alcohol
SOUTHERN AREA SOCIAL SERVICES CENTER PROGRAM PROFILE

PROGRAM NAME: Southern Area Social Services Center
Daytime Multiservice Drop-In Center for Homeless Single Women & Women and Children

PROGRAM SERVICE ADDRESS: 4333 Gannon Lane, Ste. 101 – Dallas, TX 75237

CONTACT NAME(S) (For persons seeking assistance): V. McKinley Barnes

CONTACT INFORMATION:
Phone: 972-741-7730
E-mail Address: Vivian30_98@yahoo.com
Fax:

Appointments can be made:

Hours during which intake is conducted: 8:00 am – 5:00 pm

Applicants need to bring the following in order to qualify for services:

- Identification (Describe):
- Proof of Income (Describe):
- Proof of last known or current address (Describe):
- Proof of Disabled Status (Describe):
- Referral Letter (Describe):
- Other (Describe):

PROGRAM DESCRIPTION: Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

The following services are provided to homeless single women and women and children:
Intensive case management; mental health services; substance abuse counseling; transportation; individual and group counseling; job skills training; budgeting and financial management; housing assistance; information and referral services; Crisis management; medication management services; Mobile Outreach; GED preparation; Computer Literacy; Entitlement assistance; Vocational assessment; Life skills; Parenting skills training; and Women’s Health & Medical Screening.

Is there a monetary charge to participate? ☐ Yes ☒ No If yes, describe it below:

Are participants required to attend religious activities? ☐ Yes ☒ No If yes, describe below:
**ELIGIBILITY:**

- Single Males
- Single Females
- Families
- Married Couples
- Unmarried Couples

**DISABLED / EMPLOYMENT STATUS:**

- Must a household be disabled in order to qualify? [ ] Yes [x] No
- Must a household be employed / receiving income in order to qualify? [ ] Yes [x] No

**Does the Program accept:**

- Pregnant Females [x] Undocumented persons [ ] Felons [ ] Sex Offenders
- Persons who are currently using drugs [ ] Mentally ill persons who are un-medicated

- Are boys separated from families at a certain age? [ ] Yes [x] No
  - If yes, describe what age and how that process is handled in the space below:

**AGE:**

- Does this program have age restrictions? [ ] Yes [x] No
  - If so, please provide them in the space provided below.

**Describe below any other requirements which must be met by program participants in order to qualify:**

- NONE

**Describe below what might cause a household to be removed from the program:**

- Failure to participate in programming
<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>The Salvation Army Shelter Care Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>5302 Harry Hines Blvd, Dallas, Texas 75235</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Michael Allen</td>
</tr>
<tr>
<td>Men’s Shelter Care Program Manager</td>
<td>Women’s Shelter Care Program Manager</td>
</tr>
<tr>
<td>CONTACT INFORMATION:</td>
<td>Phone: 214-424-7034</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:Michael_Allen@uss.salvationarmy.org">Michael_Allen@uss.salvationarmy.org</a></td>
</tr>
<tr>
<td>Fax: 214-688-5234</td>
<td>214-688-5234</td>
</tr>
<tr>
<td>Appointments can be made:</td>
<td>Phone</td>
</tr>
<tr>
<td>Hours during which intake is conducted:</td>
<td>Emergency Shelter 4pm – 7pm daily</td>
</tr>
<tr>
<td>Applicants need to bring the following in order to qualify for services:</td>
<td></td>
</tr>
<tr>
<td>☑ Identification (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Proof of Income (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Proof of last known or current address (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Proof of Disabled Status (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Referral Letter (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Other (Describe):</td>
<td></td>
</tr>
<tr>
<td>PROGRAM DESCRIPTION: Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.</td>
<td>Emergency shelter for 7 nights free of charge. Shelter includes meals, access to shower facilities, and clothes. Clients who wish to stay beyond the 7 nights pay $7 per night and receive an assessment by the Intake Specialist for one of our transitional programs.</td>
</tr>
<tr>
<td>THRIVE – transitional program for those that are working or work-ready (6 months)</td>
<td></td>
</tr>
<tr>
<td>Step-Up – transitional program for those that are disabled (9 months)</td>
<td></td>
</tr>
<tr>
<td>All transitional programming includes case management, life skills classes, etc.</td>
<td></td>
</tr>
<tr>
<td>Is there a monetary charge to participate? ☑ Yes ☐ No</td>
<td>If yes, describe it below:</td>
</tr>
<tr>
<td>$7/night after the first seven nights.</td>
<td></td>
</tr>
<tr>
<td>Are participants required to attend religious activities? ☐ Yes ☑ No</td>
<td>If yes, describe below:</td>
</tr>
</tbody>
</table>
### ELIGIBILITY:

<table>
<thead>
<tr>
<th>Single Males</th>
<th>Single Females</th>
<th>Families (mothers w/children)</th>
<th>Married Couples</th>
<th>Unmarried Couples</th>
</tr>
</thead>
</table>

### DISABLED / EMPLOYMENT STATUS:

- Must a household be disabled in order to qualify? [ ] Yes [x] No
- Must a household be employed / receiving income in order to qualify? [ ] Yes [x] No

### Does the Program accept:

- [x] Pregnant Females
- [x] Undocumented persons
- [x] Felons
- [x] Sex Offenders
- [x] Persons who are currently using drugs
- [x] Mentally ill persons who are un-medicated

- Are boys separated from families at a certain age? [ ] Yes [x] No
- If yes, describe what age and how that process is handled in the space below:

### AGE:

- [x] Yes
- [ ] No

- If so, please provide them in the space provided below.

- Do not accept unaccompanied minors. In the Women’s Shelter Care Program, male children over the age of 13 and up to the age of 17 are accepted on a case by case basis.

### Describe below any other requirements which must be met by program participants in order to qualify:

- Clients enrolled in one of the transitional programs must participate in case management.

### Describe below what might cause a household to be removed from the program:

- Violence, use of alcohol/drugs on site, continued rule violations.
**PROGRAM NAME:** The Salvation Army Domestic Violence Program

**PROGRAM SERVICE ADDRESS:** Confidential

**CONTACT NAME(S) (For persons seeking assistance):**
- Kacye Harvey
- 24-Hour Hotline
- Program Manager

**CONTACT INFORMATION:**
- **Phone:** 214-424-7058
- **Phone:** 214-424-7208
- **E-mail Address:** Kacye_Harvey@uss.salvationarmy.org
- **Fax:** 214-688-5234

**Appointments can be made:**
- ☒ Phone
- ☐ E-Mail
- ☐ Fax
- ☒ Walk-In

**Hours during which intake is conducted:** 24/7

**Applicants need to bring the following in order to qualify for services:**
- Identification (Describe):
- Proof of Income (Describe):
- Proof of last known or current address (Describe):
- Proof of Disabled Status (Describe):
- Referral Letter (Describe):
- Other (Describe):
- Other (Describe):
- Other (Describe):

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Emergency and transitional shelter for adult and child victims of domestic violence. Services include case management, advocacy, group and individual counseling, and life skills classes. Non-residential services are available as well to adult and child victims of domestic violence.

Is there a monetary charge to participate? ☒ Yes ☐ No If yes, describe it below:

Are participants required to attend religious activities? ☐ Yes ☒ No If yes, describe below:
**ELIGIBILITY:**

- [x] Single Males  
- [x] Single Females  
- [x] Families  
- [ ] Married Couples  
- [ ] Unmarried Couples

**DISABLED / EMPLOYMENT STATUS:**

- Must a household be disabled in order to qualify?  
  - [ ] Yes  
  - [x] No
- Must a household be employed / receiving income in order to qualify?  
  - [ ] Yes  
  - [x] No

**Does the Program accept:**

- [x] Pregnant Females  
- [x] Undocumented persons  
- [x] Felons  
- [ ] Sex Offenders
- [ ] Persons who are currently using drugs  
- [ ] Mentally ill persons who are un-medicated

- Are boys separated from families at a certain age?  
  - [ ] Yes  
  - [ ] No

  If yes, describe what age and how that process is handled in the space below:

**AGE:**

- Does this program have age restrictions?  
  - [x] Yes  
  - [ ] No

  If so, please provide them in the space provided below.

The program has one “apartment” available to families with teenage boys. Otherwise, families with teenage boys are accepted on a case-by-case basis. No unaccompanied minors.

**Describe below any other requirements which must be met by program participants in order to qualify:**

**Describe below what might cause a household to be removed from the program:**

Violence, use of alcohol/drugs on site, continued rule violations.
**THE SALVATION ARMY PROGRAM PROFILE**

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>The Salvation Army Social Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>5302 Harry Hines Blvd</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Greta Figures  Maribel Quiroz</td>
</tr>
</tbody>
</table>

**CONTACT INFORMATION:**

<table>
<thead>
<tr>
<th>Phone:</th>
<th>214-424-7044</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax:</td>
<td>214-424-7045</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:Greta_Figures@uss.salvationarmy.org">Greta_Figures@uss.salvationarmy.org</a>  <a href="mailto:Maribel_Quiroz@uss.salvationarmy.org">Maribel_Quiroz@uss.salvationarmy.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appointments can be made:</th>
<th>Phone  E-Mail  Fax  Walk-In</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hours during which intake is conducted:</th>
<th>Emergency Financial Assistance: by appointment only  Food Pantry: walk-in hours 11 a.m. – 1 p.m.</th>
</tr>
</thead>
</table>

Applicants need to bring the following in order to qualify for services:

- Identification (Describe):
- Proof of Income (Describe):
- Proof of last known or current address (Describe):
- Proof of Disabled Status (Describe):
- Referral Letter (Describe):
- Other (Describe):
  - For Emergency Financial Assistance, must provide proof of emergency.
- Other (Describe):

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Emergency Financial Assistance: Rent, mortgage, and utility assistance available to households experiencing a recent unexpected financial emergency. Upon approval, can pay most recent past due bill. Assistance available once per year per household. Must call for appointment. Walk-ins not accepted.

Food Pantry: Food pantry assistance available to low-income households needing assistance supplementing groceries. Assistance available once every 3 months per household. Walk-in hours from 11am- 1pm Monday – Friday. First come first served.

Is there a monetary charge to participate?  Yes  No  If yes, describe it below:

Are participants required to attend religious activities?  Yes  No  If yes, describe below:
ELIGIBILITY:

- Single Males
- Single Females
- Families
- Married Couples
- Unmarried Couples

DISABLED / EMPLOYMENT STATUS:

Must a household be disabled in order to qualify? ☐ Yes ☒ No

Must a household be employed / receiving income in order to qualify? ☒ Yes ☐ No

Does the Program accept:

- Pregnant Females
- Undocumented persons
- Felons
- Sex Offenders
- Persons who are currently using drugs
- Mentally ill persons who are un-medicated

Are boys separated from families at a certain age? ☐ Yes ☐ No

If yes, describe what age and how that process is handled in the space below:

N/A

AGE:

Does this program have age restrictions? ☐ Yes ☒ No

If so, please provide them in the space provided below.

Describe below any other requirements which must be met by program participants in order to qualify:

Describe below what might cause a household to be removed from the program:
## THE STEWPOT PROGRAM PROFILE

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>The Stewpot First Presbyterian Church, Dallas, TX</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>1822 Young Street, Dallas, Texas 75201</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Caseworkers on duty</td>
</tr>
<tr>
<td>CONTACT INFORMATION:</td>
<td>Phone: No service done via phone or email. Schedule a meeting with a caseworker in person M – F @ 8 am for morning time and @ 1 pm for afternoon time.</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td></td>
</tr>
<tr>
<td>Fax:</td>
<td></td>
</tr>
<tr>
<td>Appointments can be made:</td>
<td>☑ Walk-In only</td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>E-mail Address:</td>
<td></td>
</tr>
<tr>
<td>Fax:</td>
<td></td>
</tr>
<tr>
<td>Schedule a meeting with a caseworker in person M – F @ 8 am for morning time and @ 1 pm for afternoon time.</td>
<td></td>
</tr>
<tr>
<td>Hours during which intake is conducted:</td>
<td>Monday – Fridays 8 am – noon and 1-3:45 pm (except Tuesday 1-2:45 pm)</td>
</tr>
</tbody>
</table>

| Applicants need to bring the following in order to qualify for services: |
|-----------------------------|--------------------------------------------------------------------------|
| Identification (Describe): | |
| Proof of Income (Describe): | |
| Proof of last known or current address (Describe): | |
| Proof of Disabled Status (Describe): | |
| Referral Letter (Describe): Dental Care | Depending on service requested may need shelter letter re homeless status |
| Other (Describe): | |

### PROGRAM DESCRIPTION:

- Identification Documentation
- Representative Payee Assistance
- Stewpot Transitional Employment Program (STEP)
- Dental Clinic
- Medical Clinic
- Open Art Studio for the Homeless
- Streetzine Homeless Newspaper
- Homeless Community Court, Community Concerts, Special Event Programming
- Mailbox, first aid, hygiene product distribution
- Referral services and pastoral counseling
- Year-round children and youth programming
- Meal Services are delivered at Second Chance Café at The Bridge

Is there a monetary charge to participate? ☑ Yes ☐ No If yes, describe it below:
Are participants required to attend religious activities?  □ Yes  □ No  If yes, describe below:

<table>
<thead>
<tr>
<th>ELIGIBILITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Single Males  □ Single Females  □ Families  □ Married Couples  □ Unmarried Couples</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISABLED / EMPLOYMENT STATUS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must a household be disabled in order to qualify?  □ Yes  □ No</td>
</tr>
<tr>
<td>Must a household be employed / receiving income in order to qualify?  □ Yes  □ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the Program accept:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Pregnant Females  □ Undocumented persons  □ Felons  □ Sex Offenders  □ Persons who are currently using drugs  □ Mentally ill persons who are un-medicated</td>
</tr>
</tbody>
</table>

| Are boys separated from families at a certain age?  □ Yes  □ No |
| If yes, describe what age and how that process is handled in the space below: Generally adults for casework Services |

| AGE: |
| Does this program have age restrictions?  □ Yes  □ No |
| If so, please provide them in the space provided below. See above |

Describe below any other requirements which must be met by program participants in order to qualify:

Describe below what might cause a household to be removed from the program:
TURTLE CREEK RECOVERY CENTER PROGRAM PROFILE

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>Turtle Creek Recovery Center Drug/Alcohol Rehab and Mental Health Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>2707 Routh Street, Dallas, Texas 75201</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td></td>
</tr>
<tr>
<td>CONTACT INFORMATION:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>214-871-2483 (office)</td>
</tr>
<tr>
<td>Fax:</td>
<td>214-871-2484 (intake line)</td>
</tr>
<tr>
<td>Appointments can be made:</td>
<td>☒ Phone ☐ E-Mail ☐ Fax ☒ Walk-In</td>
</tr>
<tr>
<td>Hours during which intake is conducted:</td>
<td>7:00 a.m. – 11:00 a.m., Monday thru Thursday</td>
</tr>
<tr>
<td>Applicants need to bring the following in order to qualify for services:</td>
<td></td>
</tr>
<tr>
<td>☒ Identification (Describe):</td>
<td>Bring what ya’ got</td>
</tr>
<tr>
<td>☒ Proof of Income (Describe):</td>
<td>Bring what ya’ got</td>
</tr>
<tr>
<td>☒ Proof of last known or current address (Describe):</td>
<td>Bring what ya’ got</td>
</tr>
<tr>
<td>☐ Proof of Disabled Status (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Referral Letter (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Other (Describe):</td>
<td></td>
</tr>
</tbody>
</table>

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Turtle Creek Recovery Center (“TCRC”), a 501c (3) non-profit agency located and operating in Dallas, Texas since 1968, serves adult men and women diagnosed with both mental illness and addiction to either drugs or alcohol. Most TCRC clients are both unemployed and homeless at the time of admission. TCRC’s services include the simultaneous treatment of both mental illness and substance abuse; access to psychiatric medical resources to prescribe and monitor client medications; group and individual counseling; life skills training; and job placement and housing assistance. Each client receives an individualized treatment plan, individual counseling, and participates in daily, group classes regarding chemical dependency, mental illness, and other life-skills topics. Each client also has access to vocational and housing resources and receives assistance in obtaining a job and finding a place to live. Turtle Creek’s goal is for each client to achieve psychiatric stability, sobriety, a job, and a permanent place to live.

Is there a monetary charge to participate? ☐ Yes ☒ No If yes, describe it below: (must be income eligible)

Are participants required to attend religious activities? ☐ Yes ☒ No If yes, describe below:
<table>
<thead>
<tr>
<th>ELIGIBILITY:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Single Males</td>
<td>☑ Single Females</td>
<td>☐ Families</td>
</tr>
</tbody>
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<tr>
<th>DISABLED / EMPLOYMENT STATUS:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Must a household be disabled in order to qualify?</td>
<td>☑ Yes</td>
<td>☑ No</td>
</tr>
<tr>
<td>Must a household be employed / receiving income in order to qualify?</td>
<td>☑ Yes</td>
<td>☑ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the Program accept:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Pregnant Females</td>
<td>☐ Undocumented persons</td>
<td>☐ Felons</td>
</tr>
<tr>
<td>☑ Persons who are currently using drugs</td>
<td>☑ Mentally ill persons who are un-medicated</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are boys separated from families at a certain age?</th>
<th>☐ Yes</th>
<th>☑ No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, describe what age and how that process is handled in the space below:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGE:</th>
<th>Does this program have age restrictions?</th>
<th>☑ Yes</th>
<th>☐ No</th>
<th>If so, please provide them in the space provided below. 18 and older</th>
</tr>
</thead>
</table>

Describe below any other requirements which must be met by program participants in order to qualify:

Describe below what might cause a household to be removed from the program:

All program participants must abide by program rules and requirements.
| PROGRAM NAME: | Veterans Affairs (VA)  
| Health Care for Homeless Veterans (HCHV) |
|----------------|----------------------------------------------------------|
| PROGRAM SERVICE ADDRESS: | 4504 Bronze Way, Dallas, TX 75236 |
| CONTACT NAME(S) (For persons seeking assistance): | Tammy Wood  
| Administrative Asst |
| CONTACT INFORMATION: | |
| Phone: | 214-467-1863  
| 214-467-1864 |
| E-mail Address: | Tammy.wood4@va.gov |
| Fax: | 214-467-1849 |
| Appointments can be made: | ✘ Phone  
| ☐ E-Mail  
| ☐ Fax  
| ☒ Walk-In |
| Hours during which intake is conducted: | Only Appointments scheduled for initial intake (M-Th) |
| Applicants need to bring the following in order to qualify for services: | |
| ☒ Identification (Describe): | VA health care card, or any picture ID, or DD214, Social Security card, or letter from VA Benefits or Social Security with Social Security Number. |
| ☐ Proof of Income (Describe): | |
| ☐ Proof of last known or current address (Describe): | |
| ☒ Proof of Disabled Status (Describe): | |
| ☐ Referral Letter (Describe): | |
| ☐ Other (Describe): | |
| ☐ Other (Describe): | |
| ☐ Other (Describe): | |
| PROGRAM DESCRIPTION: Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive. | Veterans who are homeless and registered as eligible with the Department of VA for health care services, may receive Outreach services from the Health Care for Homeless Veterans (HCHV) Program to include Mental Health brief assessments, Social Work Assessment and Service Plan to assist each veteran with accessing VA health care to include medical, mental health and specialty services, homeless services and housing, work therapy programs, and community referrals to resources. HCHV also provides veterans access to donated items, voicemail lines, shuttle for VA health care, and act as local consultants to the National Call Center for Homeless Veterans Resources (1-877-424-3838). |
| Is there a monetary charge to participate? | ☒ Yes  
| ☐ No  
| If yes, describe it below: | |
| Any copays for mental health services may apply that are required by veteran’s eligibility status with VA. | |
| Are participants required to attend religious activities? | ☐ Yes  
| ☒ No  
| If yes, describe below: | |
**ELIGIBILITY:** Serve all individual veterans, some housing services coordinated may include families.

- Single Males  
- Single Females  
- Families  
- Married Couples  
- Unmarried Couples

**DISABLED / EMPLOYMENT STATUS:**
- Must a household be disabled in order to qualify?  
  - Yes  
  - No
- Must a household be employed / receiving income in order to qualify?  
  - Yes  
  - No

**Does the Program accept:**
- Pregnant Females  
- Undocumented persons  
- Felons  
- Sex Offenders  
- Persons who are currently using drugs  
- Mentally ill persons who are un-medicating

- Are boys separated from families at a certain age?  
  - Yes  
  - No  
  ***N/A for individuals only

If yes, describe what age and how that process is handled in the space below:

**AGE:**
- Does this program have age restrictions?  
  - Yes  
  - No
- If so, please provide them in the space provided below.

18 and over

**Describe below any other requirements which must be met by program participants in order to qualify:**

Veteran must complete Social Work Intake assessment and Service Plan to identify care coordination needs and goals for recovery, then continue to work toward those goals.

**Describe below what might cause a household to be removed from the program:**

If veteran becomes ineligible for VA Health care, typically for reason such as extended incarceration or fugitive felon status. Veterans are typically discharged once they have met their service goals and are transitioned to other programs that would be more long-term or treatment based to meet their needs.
**PROGRAM NAME:** Vogel Alcove

**CHILD CARE**

**PROGRAM SERVICE ADDRESS:** Confidential

**CONTACT NAME(S) (For persons seeking assistance):**

<table>
<thead>
<tr>
<th>Loretta Bennett</th>
<th>Marsha Hale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Manager</td>
<td>Head Start Advocate</td>
</tr>
</tbody>
</table>

**CONTACT INFORMATION:**

<table>
<thead>
<tr>
<th>Phone: 214-565-9706</th>
<th>Fax: 214-565-9706</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:lbennett@vogelalcove.org">lbennett@vogelalcove.org</a></td>
<td><a href="mailto:mhale@vogelalcove.org">mhale@vogelalcove.org</a></td>
</tr>
</tbody>
</table>

**Appointments can be made:**

- ☒ Phone
- ☐ E-Mail
- ☐ Fax
- ☐ Walk-In

**Hours during which intake is conducted:**

- Mon & Thurs 11:00 a.m. – 2:00 p.m.

**Applicants need to bring the following in order to qualify for services:**

- ☒ Identification (Describe): License or State ID for parent/guardian, child’s social security card and birth certificate
- ☒ Proof of Income (Describe): Medicaid and TANF
- ☒ Proof of last known or current address (Describe): Must be shelter resident
- ☐ Proof of Disabled Status (Describe):
- ☒ Referral Letter (Describe): Documentation of Homelessness signed by agency caseworker
- ☒ Other (Describe): Letter of shelter residency on agency letterhead, signed by agency caseworker.
- ☒ Other (Describe): Child’s up to date shot records and physical
- ☒ Other (Describe): All paperwork must be completed before they arrive or intake will be rescheduled

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Vogel Alcove provides child care services for homeless families.

Vogel Alcove offers support programs: Parenting classes, including a class taught in Spanish, that focus on infant, toddler and preschool development and parenting skills. Connections which links parents with vital community resources once their child leaves.

Extensions, our HUD funded program which places children in community based centers, when safety or distance is a barrier to attending the Alcove.

Is there a monetary charge to participate? ☐ Yes ☒ No If yes, describe it below:
Are participants required to attend religious activities? ☐ Yes ☒ No
   If yes, describe below:

ELIGIBILITY:
☒ Single Males  ☒ Single Females  ☒ Families  ☒ Married Couples  ☒ Unmarried Couples

DISABLED / EMPLOYMENT STATUS:
Must a household be disabled in order to qualify? ☐ Yes ☒ No
Must a household be employed / receiving income in order to qualify? ☐ Yes ☒ No
Does the Program accept:
☐ Pregnant Females  ☐ Undocumented persons  ☐ Felons  ☐ Sex Offenders  ☐ Persons who are currently using drugs  ☐ Mentally ill persons who are un-medicated
ONLY IF REFERRED BY PARTNERING AGENCIES

Are boys separated from families at a certain age? ☐ Yes ☒ No
If yes, describe what age and how that process is handled in the space below:

AGE:
Does this program have age restrictions? ☒ Yes ☐ No
If so, please provide them in the space provided below.

Children must be between the ages of 6 weeks to 5 years of age.

Describe below any other requirements which must be met by program participants in order to qualify:
Must be living in a partnering shelter.

Describe below what might cause a household to be removed from the program:
Not complying with center policies and procedures. Smoking on the property, disrespecting Vogel Alcove Staff, Inappropriate discipline of children (outlined in policies and procedures), aggressive behavior, habitually dropping off/picking up children late and/or under the influence of drugs and/or alcohol. Leaving or being dismissed from shelter where they are living.
VOGEL ALCOVE PROGRAM PROFILE

<table>
<thead>
<tr>
<th>PROGRAM NAME:</th>
<th>Vogel Alcove Extensions Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE ADDRESS:</td>
<td>1100 S. Akard St. Dallas, Texas 75215</td>
</tr>
<tr>
<td>CONTACT NAME(S) (For persons seeking assistance):</td>
<td>Stephanie Higgins Sandra Elliott Program Coordinator Assistant Program Coordinator</td>
</tr>
<tr>
<td>CONTACT INFORMATION:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>214-565-9706</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:shiggins@vogelalcove.org">shiggins@vogelalcove.org</a> <a href="mailto:selliot@gvogelalcove.org">selliot@gvogelalcove.org</a></td>
</tr>
<tr>
<td>Fax:</td>
<td>214-565-9706</td>
</tr>
<tr>
<td>Appointments can be made:</td>
<td>Phone E-Mail Fax Walk-In</td>
</tr>
<tr>
<td>Hours during which intake is conducted:</td>
<td>Varies</td>
</tr>
<tr>
<td>Applicants need to bring the following in order to qualify for services:</td>
<td></td>
</tr>
<tr>
<td>☒ Identification (Describe):</td>
<td>Legal ID</td>
</tr>
<tr>
<td>☐ Proof of Income (Describe):</td>
<td>Must be living in shelter</td>
</tr>
<tr>
<td>☒ Proof of last known or current address (Describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Proof of Disabled Status (Describe):</td>
<td>Documentation of Homelessness, signed by caseworker</td>
</tr>
<tr>
<td>☒ Referral Letter (Describe):</td>
<td>Letter of Residency on Agency letterhead, signed by caseworker</td>
</tr>
<tr>
<td>☒ Other (Describe):</td>
<td>Current shot records and physical of child</td>
</tr>
<tr>
<td>☒ Other (Describe):</td>
<td>Completed Vogel Alcove application</td>
</tr>
</tbody>
</table>

PROGRAM DESCRIPTION: Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Vogel Alcove’s Extensions Program is available as off-site child care for the children of those who are fleeing and living in Domestic Violence shelters due to distance and/or safety issues. These centers are located in areas close to the shelter where the parent resides. Centers are provided necessary supplies for the children so that the parent does not have the expense of diapers, wipes, formula, extra clothing, etc.. This program is funded through HUD and the centers are paid through that grant.

Is there a monetary charge to participate? ☐ Yes ☒ No If yes, describe it below:

Are participants required to attend religious activities? ☐ Yes ☒ No If yes, describe below:
**ELIGIBILITY:**

- Single Males
- Single Females
- Families
- Married Couples
- Unmarried Couples

**DISABLED / EMPLOYMENT STATUS:**

Must a household be disabled in order to qualify?  
- Yes  
- No

Must a household be employed / receiving income in order to qualify?  
- Yes  
- No

**Does the Program accept:**

- Pregnant Females
- Undocumented persons
- Felons
- Sex Offenders
- Persons who are currently using drugs
- Mentally ill persons who are un-medicated

Are boys separated from families at a certain age?  
- Yes  
- No

If yes, describe what age and how that process is handled in the space below:

**AGE:**

- Does this program have age restrictions?  
- Yes  
- No

If so, please provide them in the space provided below.

Infants through 5 years of age only.

Describe below any other requirements which must be met by program participants in order to qualify:

- Must be living in Domestic Violence Shelter

Describe below what might cause a household to be removed from the program:

- Not following policies and procedures of daycare center, being in company of perpetrator, being dismissed or leaving shelter.
**WE CARE FACILITIES PROGRAM PROFILE**

<table>
<thead>
<tr>
<th><strong>PROGRAM NAME:</strong></th>
<th>We Care Facilities LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROGRAM SERVICE ADDRESS:</strong></td>
<td>Mobile-for Denton, Dallas and McKinney area</td>
</tr>
<tr>
<td><strong>CONTACT NAME(S) (For persons seeking assistance):</strong></td>
<td>Melonie Baker</td>
</tr>
<tr>
<td><strong>CONTACT INFORMATION:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Phone:</strong></td>
<td>(469) 685-4663</td>
</tr>
<tr>
<td><strong>E-mail Address:</strong></td>
<td><a href="mailto:Mickey_bkr@yahoo.com">Mickey_bkr@yahoo.com</a></td>
</tr>
<tr>
<td><strong>Fax:</strong></td>
<td>(940) 725-0059</td>
</tr>
</tbody>
</table>

**Appointments can be made:**  
X Phone  X E-Mail  □ Fax  □ Walk-In  

**Hours during which intake is conducted:**  
8:30 a.m. – 5:30 p.m.

**Applicants need to bring the following in order to qualify for services:**

- X Identification (Describe): Texas I.D.
- X Proof of Income (Describe): Current benefits letter from Social security, V.A.
- □ Proof of last known or current address (Describe): or source where benefits are received
- X Proof of Disabled Status (Describe): Current benefits letter from Social security
- □ Referral Letter (Describe): Social Worker’s name/phone number, family member’s name/phone number
- X Other (Describe): Proof of felony, probation paperwork stating the type of offence
- □ Other (Describe): 

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

**SERVICES**
- Medication Monitoring
- Meal Preparation
- Home Health Care Services
- Transportation or Escort Services
- Errand and Shopping Services
- Social and Recreational Activities
- Supportive Services with Counselors-Social Workers
- Permanent and Temporary—Living arrangements
- Social/Life Skills training
- Money Management
- Educational Assistance

**TICKET TO WORK PROVIDER- Job Assistance ALL RESIDENTS/NON-RESIDENTS**

**Is there a monetary charge to participate?**  
X Yes  □ No  If yes, describe it below: Sliding scale based on benefits received
Are participants required to attend religious activities? ☐ Yes   ☒ No   If yes, describe below:

<table>
<thead>
<tr>
<th>ELIGIBILITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Single Males</td>
</tr>
<tr>
<td>☒ Single Females</td>
</tr>
<tr>
<td>☐ Families</td>
</tr>
<tr>
<td>☒ Married Couples</td>
</tr>
<tr>
<td>☒ Unmarried Couples</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>DISABLED / EMPLOYMENT STATUS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must a household be disabled in order to qualify? ☐ Yes   ☒ No</td>
</tr>
<tr>
<td>Must a household be employed / receiving income in order to qualify? X ☒ Yes   ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the Program accept:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Pregnant Females</td>
</tr>
<tr>
<td>☐ Undocumented persons</td>
</tr>
<tr>
<td>☒ Felons</td>
</tr>
<tr>
<td>☐ Sex Offenders</td>
</tr>
<tr>
<td>☐ Persons who are currently using drugs</td>
</tr>
<tr>
<td>☐ Mentally ill persons who are un-medicated</td>
</tr>
</tbody>
</table>

Are boys separated from families at a certain age? ☐ Yes   ☐ No
If yes, describe what age and how that process is handled in the space below:

<table>
<thead>
<tr>
<th>AGE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does this program have age restrictions? ☒ Yes   ☐ No</td>
</tr>
<tr>
<td>Must be 18-years or older</td>
</tr>
</tbody>
</table>

Describe below any other requirements which must be met by program participants in order to qualify:
Each situation dictates this

Describe below what might cause a household to be removed from the program:
Currently using drugs or alcohol, physical assault, aggressive harmful behaviors to themselves or others, current situations that may be classified as unlawful.
**PROGRAM NAME:** Wilkinson Center Adult Education (GED, ESL, Computer, and Career classes)

**PROGRAM SERVICE ADDRESS:** multiple

**CONTACT NAME(S) (For persons seeking assistance):** Rachael Berhe

**CONTACT INFORMATION:**

<table>
<thead>
<tr>
<th>Phone:</th>
<th>972-284-0311</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:rachael_berhe@wilkinsoncenter.org">rachael_berhe@wilkinsoncenter.org</a></td>
</tr>
</tbody>
</table>

**Appointments can be made:** □ Phone □ E-Mail □ Fax □ Walk-In

**Hours during which intake is conducted:** Attend an orientation session on 3rd Friday of the month @ Eastfield college, Pleasant Grove Campus, 802 S. Buckner, Dallas, 75217

**Applicants need to bring the following in order to qualify for services:**

<table>
<thead>
<tr>
<th>Identification (Describe):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Income (Describe):</td>
</tr>
<tr>
<td>Proof of last known or current address (Describe):</td>
</tr>
<tr>
<td>Proof of Disabled Status (Describe):</td>
</tr>
<tr>
<td>Referral Letter (Describe):</td>
</tr>
<tr>
<td>Other (Describe):</td>
</tr>
<tr>
<td>Other (Describe):</td>
</tr>
<tr>
<td>Other (Describe):</td>
</tr>
</tbody>
</table>

**PROGRAM DESCRIPTION:** Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Pre-GED and GED classes.
Beginning, Intermediate, and Advanced ESL classes.
Beginner Computer classes offered in English and Spanish.
CareerWorks offered in English and Spanish: This class provides job seekers the tools needed to plan a career and to find a job in their “field of fascination”. This class is great for individuals who have multiple barriers toward employment.

Is there a monetary charge to participate? □ Yes □ No If yes, describe it below:

Are participants required to attend religious activities? □ Yes □ No If yes, describe below:
**ELIGIBILITY:**

- Single Males
- Single Females
- Families
- Married Couples
- Unmarried Couples

**DISABLED / EMPLOYMENT STATUS:**

- Must a household be disabled in order to qualify? [ ] Yes [x] No
- Must a household be employed/receiving income in order to qualify? [ ] Yes [x] No

**Does the Program accept:**

- Pregnant Females
- Undocumented persons
- Felons
- Sex Offenders
- Persons who are currently using drugs
- Mentally ill persons who are un-medicated

**Are boys separated from families at a certain age?** [ ] Yes [ ] No
If yes, describe what age and how that process is handled in the space below:

**AGE:**

- Does this program have age restrictions? [ ] Yes [x] No
If so, please provide them in the space provided below.

**Describe below any other requirements which must be met by program participants in order to qualify:**

- none

**Describe below what might cause a household to be removed from the program:**

- N/A
Program Name: Wilkinson Center Food Pantry and Social Services

Program Service Address: 3402 N. Buckner Blvd., Suite 302

Contact Name(s) (For persons seeking assistance): Steve Thompson, Tyra Morgan

Contact Information:
- Phone: 214-269-1418 Ext. 219
- E-mail Address: steve_thompson@wilkinsoncenter.org
- Fax: 214-269-1418 Ext. 378
- Tyra_morgan@wilkinsoncenter.org

Appointments can be made: Phone, Fax, Walk-In

Hours during which intake is conducted: Monday-Thursday 9a.m.-12p.m.

Applicants need to bring the following in order to qualify for services:

- Identification (Describe): Picture ID for all adults in the household
- Proof of Income (Describe):
- Proof of last known or current address (Describe): Current address in the form of a current lease, current piece of mail
- Proof of Disabled Status (Describe):
- Referral Letter (Describe):
- Other (Describe): Social security cards or birth certificates for all children in the household.

Program Description: Describe the program and the services it provides in the space provided below. Describe which services are available to the public and which one must be a resident to receive.

Is there a monetary charge to participate? Yes, No

If yes, describe it below:

Are participants required to attend religious activities? Yes, No

If yes, describe below:
### ELIGIBILITY:
- Single Males
- Single Females
- Families
- Married Couples
- Unmarried Couples

### DISABLED / EMPLOYMENT STATUS:
- Must a household be disabled in order to qualify? [ ] Yes [ ] No
- Must a household be employed / receiving income in order to qualify? [ ] Yes [ ] No

### Does the Program accept:
- Pregnant Females
- Undocumented persons
- Felons
- Sex Offenders
- Persons who are currently using drugs
- Mentally ill persons who are un-medicated

- Are boys separated from families at a certain age? [ ] Yes [ ] No
  - If yes, describe what age and how that process is handled in the space below:

### AGE:
- Does this program have age restrictions? [ ] Yes [ ] No
  - If so, please provide them in the space provided below.

### Describe below any other requirements which must be met by program participants in order to qualify:
- None

### Describe below what might cause a household to be removed from the program: