

Faith Based Programming Survey 2008

Dear Community Partner,

Please complete **both** sides of this survey by marking an **X** beside the services that your church provides. Also, please note the time, days and hours that the service is available in the **hours of operation** column. Please mail or fax this survey to the United Way of Wyandotte County.

This Service is Available to:

Program/Service	Yes, we offer this Program/Service	County Residents Only	The Metropolitan Area	Restrictions? Y or N	Hours of Operation
Child/Youth Care					
Before/After School Program					
Charter School					
Daycare					
Sports Program					
Summer Program					
Counseling					
Career					
Family					
Marital					
Emergency Assistance					
Clothing					
Food Pantry					
Rent/Mortgage Assistance					
Temporary Housing					
Utility Assistance					
Holiday Help					
Substance Abuse Programs					
Alcohol					
Drugs					
Household Chemicals					
Other					
Computer Classes					
GED Program					
Financial Seminars/Programs					
Parenting Classes					
English as Second Language Classes					
Immigrant Services					
Spanish Translations					

Please complete the other side of this survey

Do you offer any other programs or services that are not listed? Are there restrictions? If so, please explain.

Do you have a Fellowship Hall or Conference Room that you are willing to rent or share with others in the Faith Community for meetings and special events? **Yes** or **No**

Directory Information

Church Name_____

Address_____

City_____ State_____ Zip_____

Web Address (if applicable) _____ **Phone Number** _____

Church E-mail Address_____

Pastor_____ Secretary_____

Outreach Coordinator or Church Services Contact Person_____

If we have questions about the responses to this survey, who should we contact?

Contact Person_____

Phone Number_____ Best day/time to call_____