[MS-0087-009-020-002]

You say you have already received a questionnaire from us?
You say you get too many questionnaires already?

Well, we hope after reading this introduction you'll be willing to fill in one more.

In the past, many people have been assisted by the information gathered by Community Contact Services. This information has been about what individuals and groups have been doing to enhance the human condition, such as what services they provide, for whom, under what conditions, and where. The information has been used for providing two services - GuideLine, which guides people in finding where they can get help with their problems, and Contact Communications, which is producing a directory of services. The information which we are asking for now will help us continue to improve our services.

We are also asking for this information because we are working jointly on a new project with several other groups with similar needs for information. (Yes, the questionnaire is long.) At times, we may appear to be asking some of the same questions in different ways. But, please bear with us. We are trying to help you to keep certain information handy.

To simplify answering the questionnaire, we have included a printout of the data we already have about you. If what we have is complete and correct, you can skip the parts of the questionnaire which correspond. For NEW INFORMATION, please fill in all sections which apply or make sense to you. Please try to answer all questions as well as you can. We've included a copy of our own responses to the questionnaire to give an example of how to fill it in and to let you know more about us. If we need clarification of any of your responses, we'll call. Periodically, we will be in touch for updating your information. Services change, problems change, needs for information change, so expect to hear from us again. Thanks a million.

Some of the groups utilizing this information will be:

- City of San Diego
  - Human Resources Department
- County of San Diego
  - Human Resources Agency Board
    - Child Care Committee
  - Library
  - Planning Department
  - Probation Department
  - Superior Courts
- Management Planning Program
- Manpower Area Planning Committee
- Revenue Sharing Task Force
- United Way of San Diego County

and us, of course.

As a participant in this project, you, also, have access to this information. Call us at 238-1121 and we can talk over your information needs.

Thank you in advance for returning this to us promptly. This information has been needed for a long time and your quick reply will be appreciated.

RETURN TO: RESOURCE
Community Contact Services
United Way of San Diego County
P.O. Box 2671
San Diego, CA 92112

IF YOU HAVE ANY QUESTIONS ABOUT THE QUESTIONNAIRE

Contact: David Cueny - 238-1121

or Brian Dugan - 238-1120

SOME GENERAL INFORMATION ABOUT THE QUESTIONNAIRE

1. The first section, with the pale blue cover, deals with general information about the organization.

2. The second section, a single grey sheet, is for listing each of the services you provide.

3. The third section(s), with the pale yellow cover, is (are) for information about each of the services you have listed on the grey sheet. There will be more than one if you provide more than one service. Keep the grey sheet handy when you fill out the yellow section. (If you need more yellow sections, call 238-1120, and we'll send them.

4. The questionnaire (as much as it is possible) is keyed to the data printout, and the printout contains page numbers in the questionnaire. This is to help you in correcting and updating information which we already have. REMEMBER, if we have correct information in any part of the printout, you can skip that part of the questionnaire.

5. NEW INFORMATION is labeled as such. Next time, this, too, will be included in a printout, so you may have even less to do. However, some of this information will be used only by planning bodies, not used in a published directory.

SPECIFIC SERVICE INFORMATION

These packets are used to provide more information on each of the services you have identified on Page 8.

-If information in this packet refers to more than one service, list your service numbers for those to which it applies.

-If the same information applies to all of your services, just say so and complete only one packet.

SERVICES TO WHICH THE FOLLOWING INFORMATION APPLIES:

(List your service numbers.)_____

* *

Found after title CONTACT: (in ADDITIONAL INFORMATION section)

What is the title or name (whichever is appropriate) of the person to whom one would refer or inquire regarding intake? (If more than one, list more than one.)

_____

* *

Found after title INTAKE PROCEDURE: (in ADDITIONAL INFORMATION section)

Write a brief description of the intake procedure.

_____

_____

_____

* *

Found after title FEE STRUCTURE: in the printout.

What is the fee structure for this service or these services?

_____NO FEES CHARGED _____VARIABLE FEES, SLIDING SCALE _____FIXED FEE SCHEDULE

* *

NEW INFORMATION not found in printout.

What happens to a prospective client for this service if he/she has no money?

If you have a listing of the exact fees charged, please include this with the questionnaire when you return it.

OR Make a statement about your fee schedule below.

Found after title
INSURANCE INFORMATION:
in the printout.

If any types of insurance are accepted for this service, please respond below.

(1)_____will take Medi-Cal only (5)_____will take Medi-Cal & CHAMPUS

(2)_____will take Medicare only (6)_____will take Medicare & CHAMPUS

(3)_____will take CHAMPUS only (7)_____will take Medi-Cal, Medicare & CHAMPUS

(4)_____will take Medi-Cal & Medicare (*)_____Other, please specify

____

____

* *

NEW INFORMATION
not found in printout.

Is this service _____directly provided by your staff?

_____purchased from another organization?

May persons be required to use your services? (E.G., mandatory referral from a court.)

_____YES _____NO

Is a client for this service required to be a client for services from or benefits from some other organization or program? (E.G., Medicare, Social Security Administration, Department of Public Welfare.)

_____YES _____NO
If YES, explain below.

* *

ON THE NEXT PAGE and the page which follows it are questions dealing with limitations to the service(s) you are offering. Later, we will ask other questions dealing with the target population for whom the service(s) is intended. KEEP IN MIND, the two pages which follow deal with <u>limitations</u> or <u>restrictions</u>.

Found after title
SERVICE LIMITATIONS:
and
specific titles used
on this form.

SERVICE LIMITATIONS OR RESTRICTIONS TO SERVICE PROVISION
(Check or fill in, as appropriate.)

SEX: ____Males only ____Females only OR ____no limitations as to sex

AGE: Will serve persons from age ______ through age ______. OR _____ age not a limiting factor

ETHNIC: Is the service generally limited to a particular ethnic group? (If not, skip this question.)

(B)____Yes, for Blacks.

(T)____Yes, for Hispanos

(A)____Yes, for Asian-Americans.

(P)____Yes, for Pilipino-Americans.

(N)____Yes, for American Indians.

(W)____Yes, for Whites excluding Hispanos.

(*)____Yes, but your groupings don't make sense for this service.
(If you checked the above choice, please help us make sense of our groupings by naming the group here ________________________.)

MILITARY: Is the service generally limited to those with some military connection? (If not, skip this question.)

(N)____Yes, Navy.

(A)____Yes, Army.

(F)____Yes, Air Force.

(M)____Yes, Marines.

(C)____Yes, Coast Guard.

(D)____Yes, for dependents only.

(V)____Yes, for veterans only.

(*)____Yes, but the connection cannot be specified according to your classifications. (If you checked the above choice, please specify here ________________________.)

* *

NEW INFORMATION
not found in printout.

EDUCATION: Are there any educational requirements for service in this program? (If not, skip this question.)

Yes, a minimum of ______ years. Yes, a maximum of ______ years.

____Yes, a degree. (Specify)________________________

____Yes, other. (Specify)________________________

MARITAL STATUS: ____not a factor

____never married ____married ____separated ____divorced ____widowed

HEALTH: Are there specific health conditions which would disqualify a person for this service? If YES, please state. If NO, skip this question.

This information has not been asked in this way before.
Related information found in section titled GEOGRAPHIC AREA(S) SERVED: in the printout.

GEOGRAPHY: Must applicants for this service come from a specific geographic area?
If so, please describe the area. (E.G., name of city, boundaries, etc.)

If there are length-of-residence requirements, please respond.

Where:________________________________ How long (in months):______

If there is a requirement for legal residence, please respond.

Where:________________________________

What is needed to establish this residence?

____

* *

If there are any additional limitations or restrictions to this service, please list here.

Found after title ADDITIONAL LIMITATIONS: (in ADDITIONAL INFORMATION section)

* *

NEW INFORMATION not found in printout.

If there are sometimes exceptions made to the ongoing requirements for service, please list the types of exceptions which are made.

* *

ON THE NEXT PAGE we will be trying to identify the problems or conditions affecting people in our community. By relating this information directly to the services which are designed to impact the problems or conditions, we hope to identify our community's problem-solving system.

Please check the statement which best describes this service. (OR, if none of them seem to apply, write your own.)

_____(A) provision of minimum essentials for living

_____(B) guidance and/or promotion of normal personal and social development

_____(C) restoration of physical and/or social functioning - rehabilitation

_____(D) prevention of damage - social protection - prevention of physical dysfunction

_____(E) enrichment or enhancement of quality of life and living - development to fullest potential

_____(F) social and/or health planning - community development

_____(G) (Write your own.)

All
NEW INFORMATION
not found in printout.

PROBLEM IDENTIFICATION

1. Considering the response you made to the last question on the preceding page, what is condition affecting individuals, groups or the community which you are trying to impact through this service? (e.g., jail recidivism, substance abuse, sickle-cell anemia, marital discord, etc.)

2. What is the extent or severity of this condition? (If you have available figures to substantiate this, they would be most helpful. If not, don't worry, If we can't find this our from you, we will try to find out for you.)

3. As far as this service is concerned, where (geographically) does this condition exist? (Describe the geographical area in your own words.)

4. Aside from the problem you have described above, what are some of the typical problems of clients who are receiving this service? Include those which you do not deal with.

* *

ON THE NEXT THREE PAGES we are asking you to describe the Target Population, the persons for whom this service was designed. REMEMBER, this is not the group to whom the service is restricted, but for whom it is intended.

All of the information being collected in this section is NEW INFORMATION, and will not be found in the data print out.

TARGET POPULATION

(Check appropriate items.)

Sex: _____(Ø) not an identifying factor

_____(M) males

_____(F) females

Ethnic Background: _____(Ø) not a limiting factor

_____(B) Blacks

_____(T) Hispanos

_____(A) Asian-Americans

_____(P) Pilipino-Americans

_____(N) American Indians

_____(W) Whites, excluding Hispanos

_____(*) Other, please specify

_____

Age: _____(Ø) not a limiting factor

_____(A) under 3

_____(B) 3 - 4

_____(C) 5

_____(D) 6

_____(E) 7 - 9

_____(F) 10 - 13

_____(G) 14

_____(H) 15

_____(J) 16

_____(K) 17

_____(L) 18

_____(M) 19

_____(N) 20

_____(P) 21

_____(R) 22 - 24

_____(S) 25 - 34

_____(T) 35 - 44

_____(U) 45 - 54

_____(V) 55 - 59

_____(W) 60 - 64

_____(X) 65 - 74

_____(Y) 75 and over

Employment: _____(Ø) not a limiting factor

_____(A) employed _____(B) underemployed _____(C) unemployed

Skill level: _____(Ø) not a limiting factor

_____(A) unskilled _____(B) semi-skilled _____(C) skilled

All of the information being collected in this section is NEW INFORMATION, and will not be found in the data print out.

Education: _____(Ø) not a limiting factor

A. (for persons aged 3-34 years) If must be presently enrolled,

_____(A) in nursery school

_____(B) in kindergarten

_____(C) in elementary school

_____(D) in high school

_____(E) in college

B. (for persons age 24 or less, not currently enrolled) If must have completed

_____(A) grades 1-4

_____(B) grades 5-7

_____(C) grade 8

_____(D) grades 9-11

_____(E) grade 12 or more

C. (for persons age 25 and over) If must have completed

_____(A) grades 1-4

_____(B) grades 5-7

_____(C) grade 8

_____(D) grades 9-11

_____(E) grade 12 or more

D. Degrees/Certificates, if required

_____(A) high school

_____(B) AA

_____(C) BA/BS

_____(D) Trade school

_____(E) Other, please specify

_____

Income levels - please indicate the percentage of your client population which falls into the categories in each table.

A. Poverty level - Manpower Administration guidelines

	Family size	Income
_____%	(A) 1	$2,200
_____%	(B) 2	2,900
_____%	(C) 3	3,600
_____%	(D) 4	4,300
_____%	(E) 5	5,000
_____%	(F) 6	5,700
_____%	(G) 7	6,400

B. (General) Overall income levels

_____% (A) less than $1,000

_____% (B) 1,000-2,999

_____% (C) 3,000-4,999

_____% (D) 5,000-6,999

_____% (E) 7,000-8,999

_____% (F) 9,000-9,999

_____% (G) 10,000-11,999

_____% (H) 12,000-14,999

_____% (J) 15,000-19,999

_____% (K) 20,000-24,999

_____% (L) 25,000 or more

All of the information being collected in this section is NEW INFORMATION and will not be found in the printout.

Special Characteristics: _____(Ø) not a limiting factor

_____(A) Physically handicapped

_____(B) Mentally handicapped

_____(C) Drug misusers or abusers

_____(D) Alcoholics

_____(E) Ex-offenders

_____(F) Single parents with dependent children

_____(G) Youths with disciplinary problems

_____(H) Out-of-school youth

_____(J) Other - please specify_____

All
NEW INFORMATION
not found in printout.

SERVICE BUDGET

Of the total budget amount quoted on Page 6, how much is used to fund this service?

$_____

What are the sources of these funds? (Just list the names.)

* *

GEOGRAPHICAL DISTRIBUTION OF CLIENTS - Please indicate the percentage of your client population which falls into the listed categories.

What percentage of your clients come from a radius of:

____% (A) 2 miles or less

____% (B) 2-5 miles

____% (C) 5-10 miles

____% (D) more than 10 miles

* *

SERVICE AREA BY CENSUS TRACTS - We need to know which census tracts are included in the area in which this service is offered. We are offering you some alternatives for this response since so few of us know census tracts (even the ones where we live). Please indicate which alternative you chose.

____ There are no geographical restrictions; our service area is unlimited.

____ We serve the entire county, so we didn't use any map.

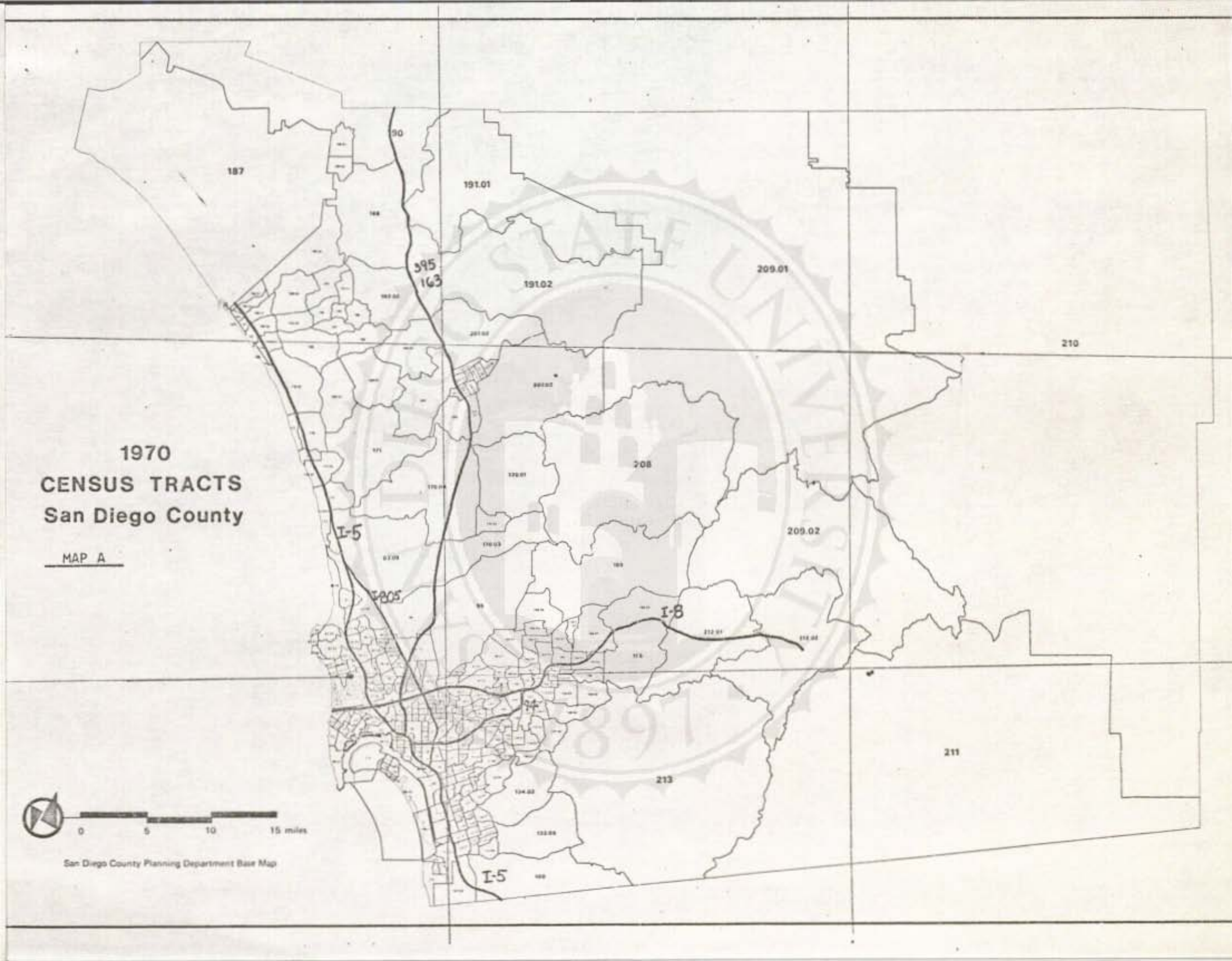
____ We used MAP A.

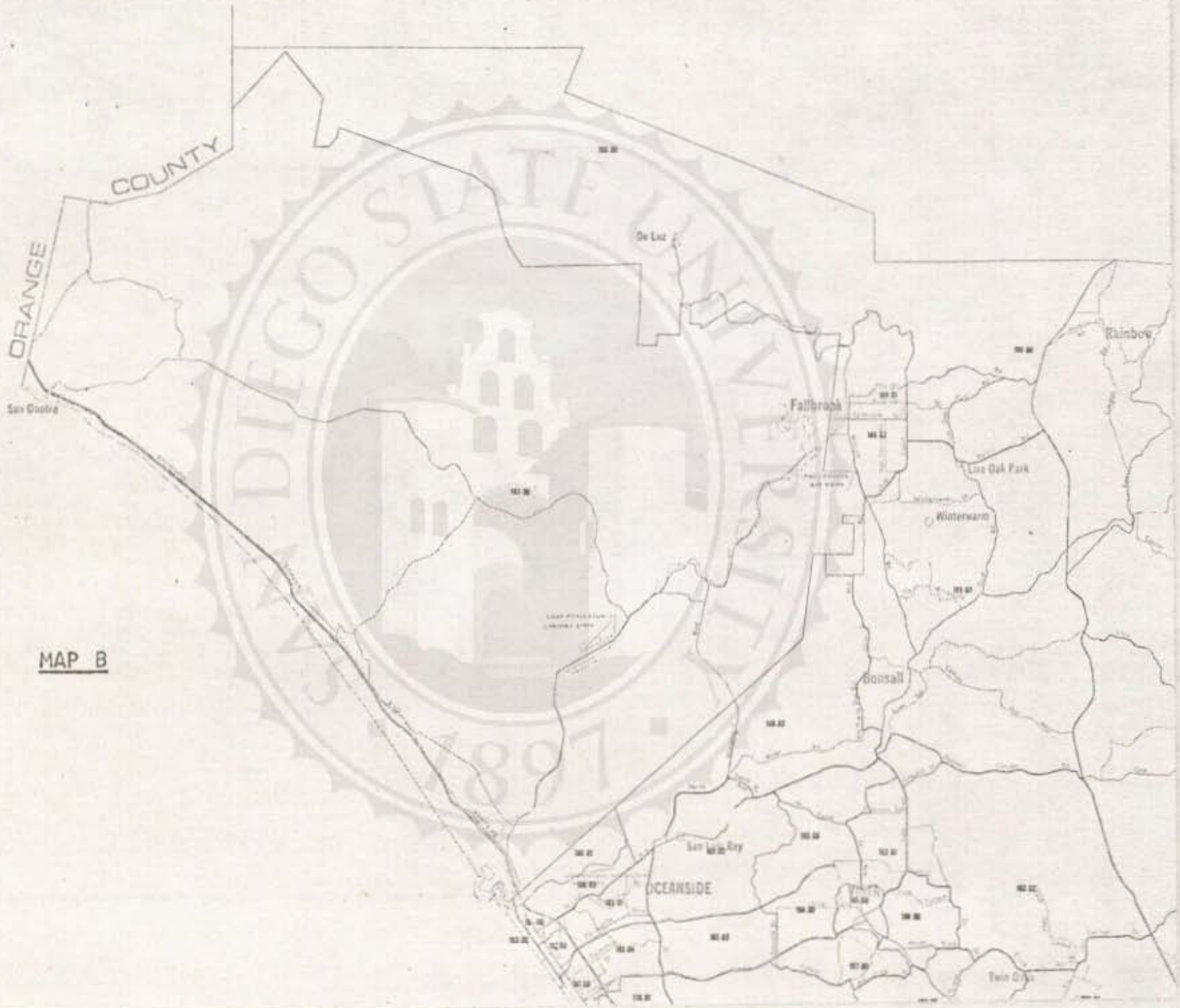
____ We used one of the smaller maps (or two, or more.)

Which one or ones?_____

OR

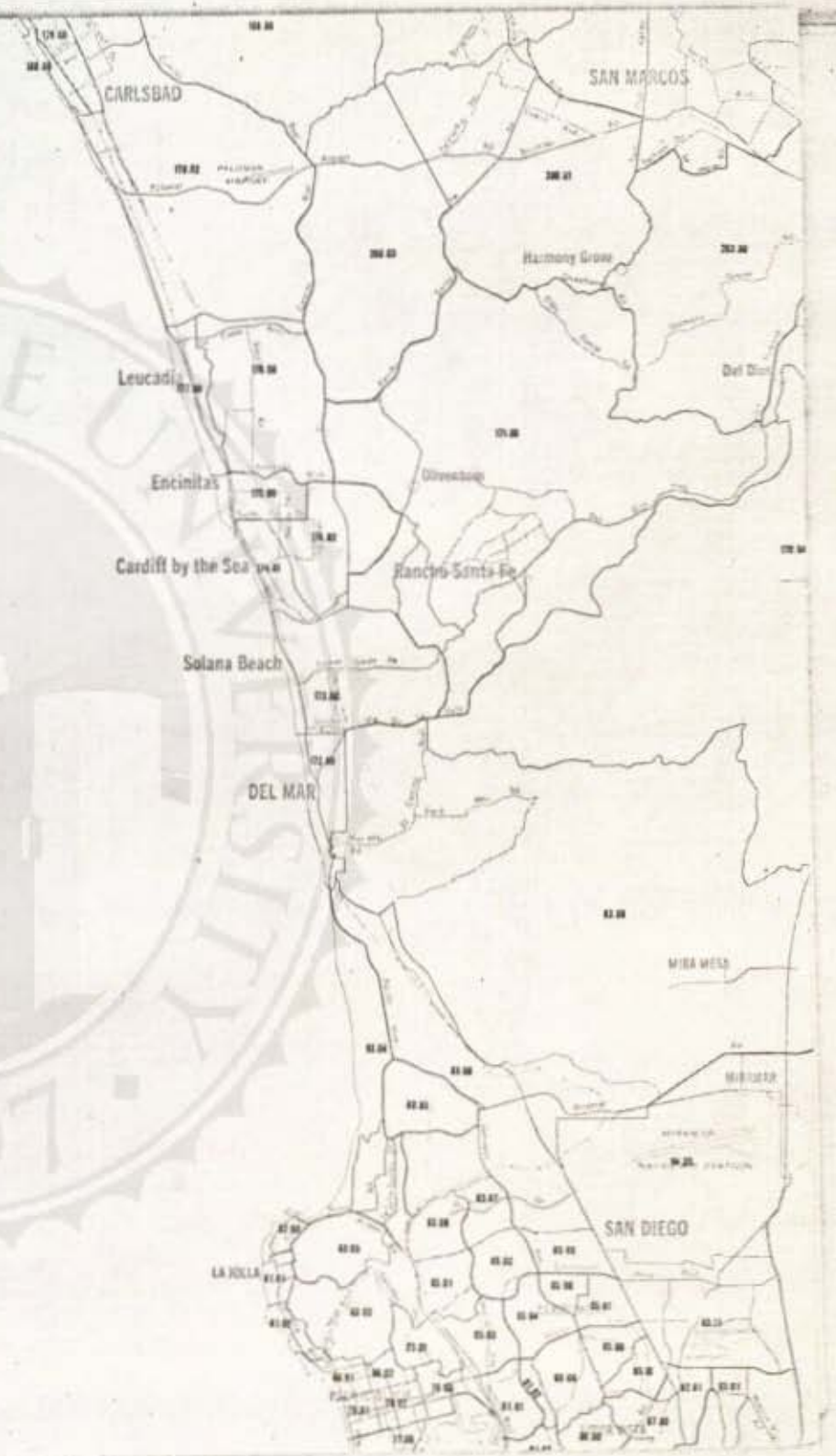
If you do have a service area, but none of the above alternatives help to describe it, please describe below. For example: the name of a school district, the name of a city, the names of the streets on the boundaries, a catchment area, etc., will do fine. Use the space below.


1970
CENSUS TRACTS
San Diego County
MAP A
187
191.01
191.02
209.01
210
208
209.02
211
213
90
395
163
I-5
I-805
I-8
94
I-5
0
5
10
15 miles
San Diego County Planning Department Base Map


ORANGE
COUNTY
San Onofre
De Luz
Fallbrook
Rainbow
Live Oak Park
Winterwarm
Bonsall
OCEANSIDE
Twin Oaks

MAP B

MAP C



SAN DIEGO STATE UNIVERSITY 1897

MAP D

COUNTY OF SAN DIEGO

1970 CENSUS TRACTS

SAN DIEGO COUNTY PLANNING DEPARTMENT
CARTOGRAPHIC SERVICES SECTION

Scale 1" to 2 miles

FEET 0 5,000 10,000 20,000 30,000 40,000 50,000 60,000

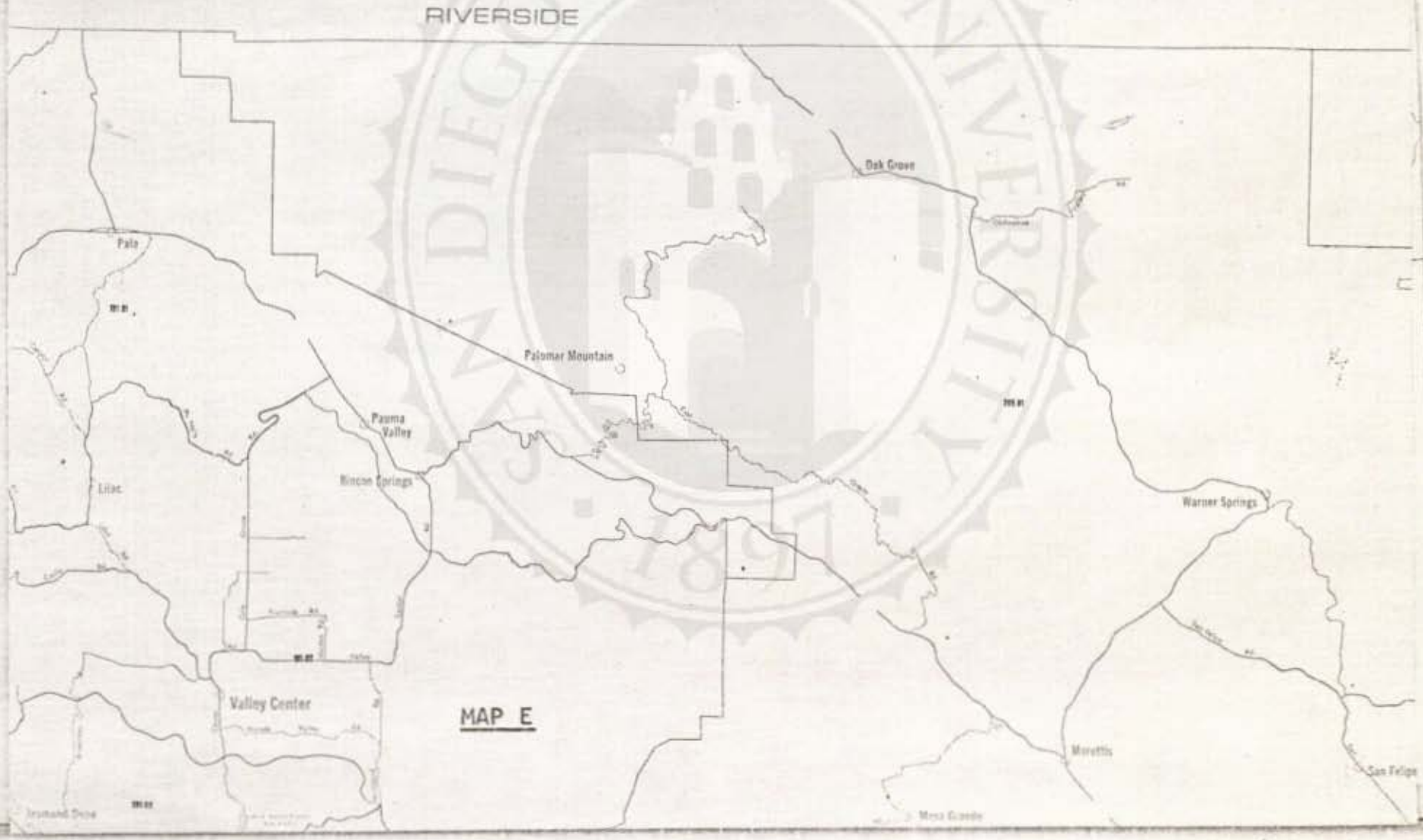
MILES 0 1 2 4 6 8 10 12

FREEWAY
MAJOR ARTERIAL
COLLECTOR ROAD
RAILROAD
AIRPORT

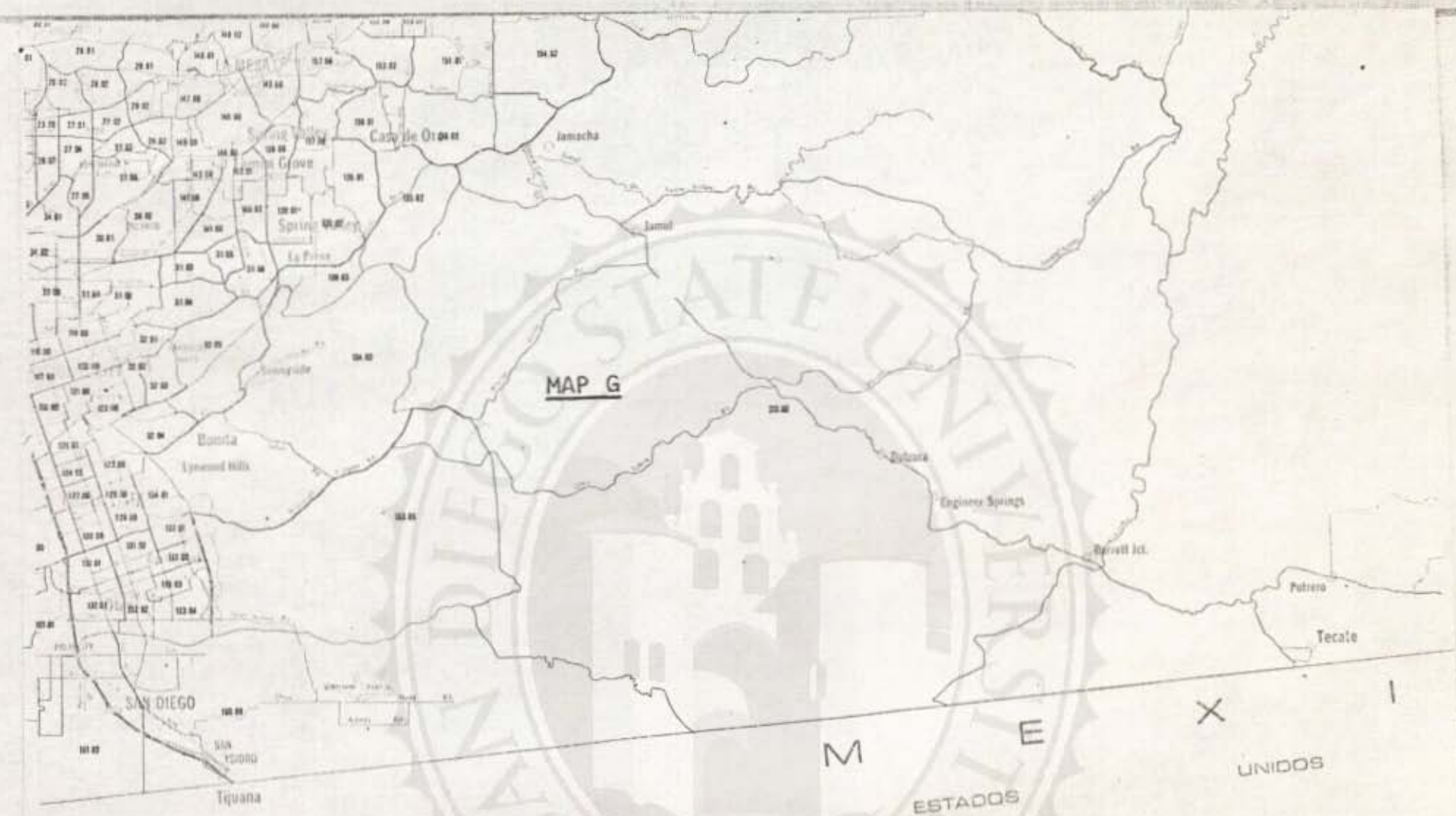
INCORPORATED AREA
MILITARY RESERVATION
INDIAN RESERVATION
CLEVELAND NATL. FOREST

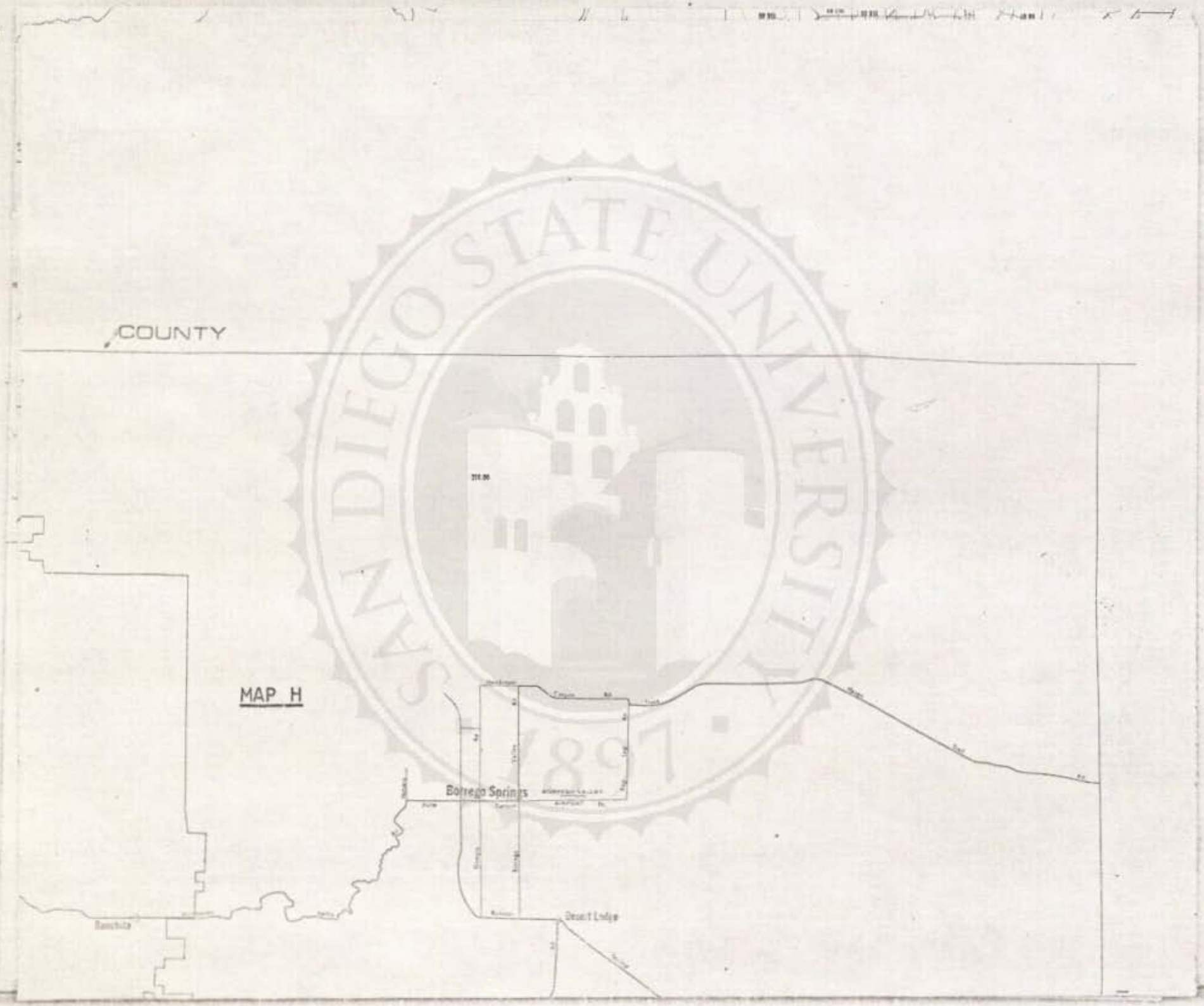
PERENNIAL DRAINAGE
INTERMITTENT DRAINAGE
STATE PARK
COUNTY PARK

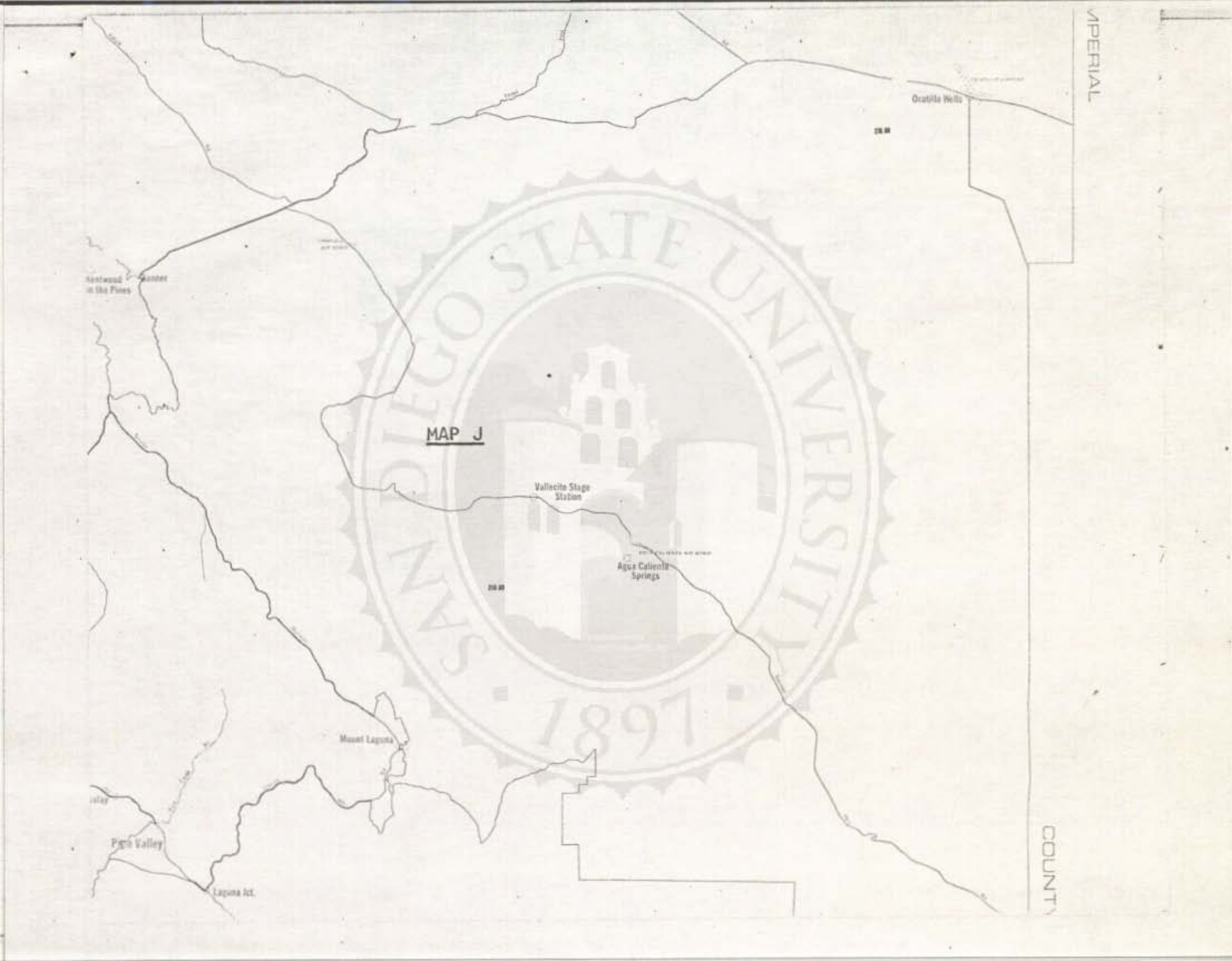
0 - 1,000 | 1,000' - 2,000' | 2,000' - 3,000' | 3,000' - 4,000' | 4,000' - 5,000' | 5,000' - +

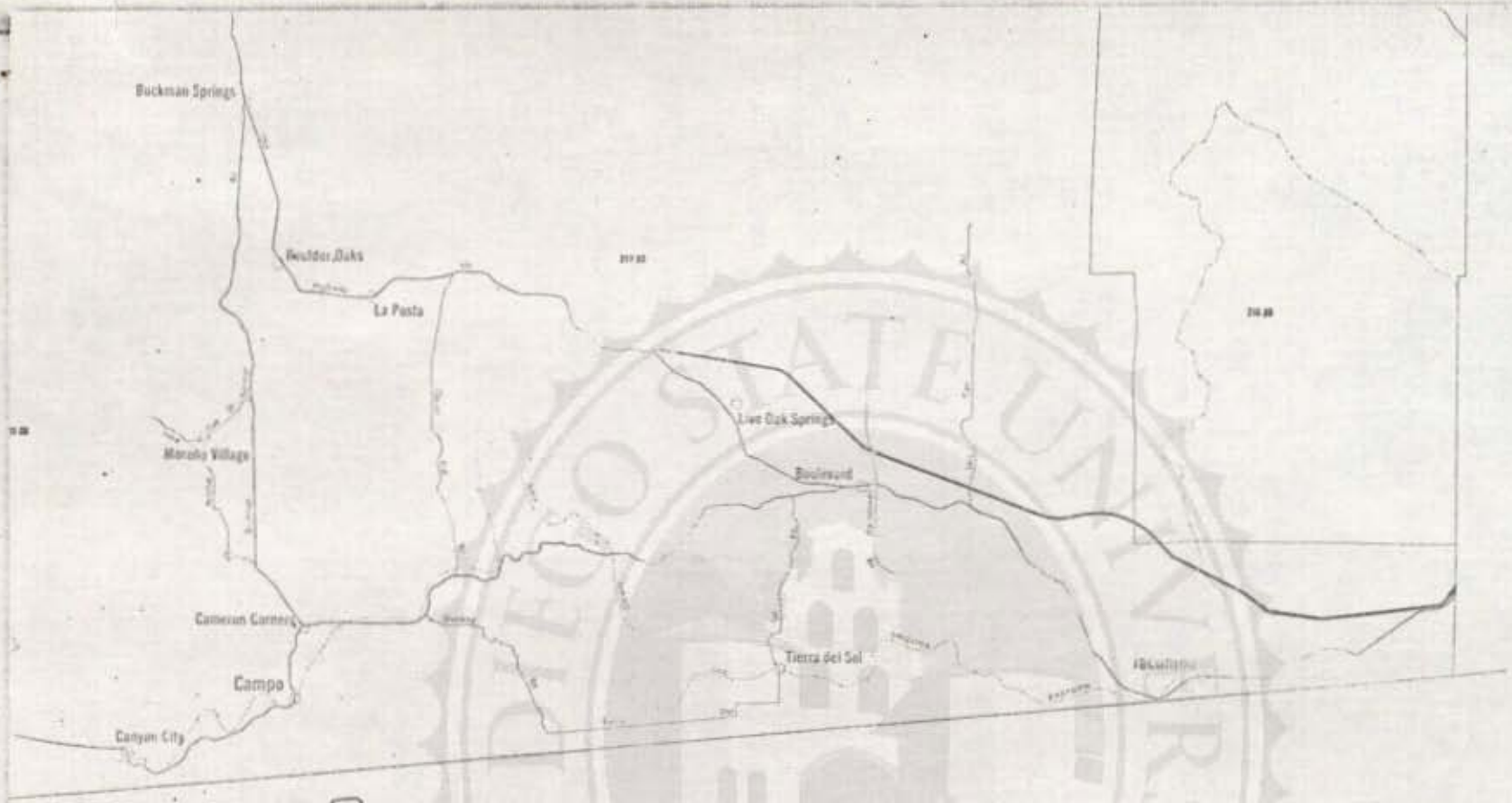

RIVERSIDE
Oak Grove
Pala
Palomar Mountain
Pauma Valley
Rincon Springs
Lilac
Warner Springs
Valley Center
MAP E
Morettis
San Felipe

MAP F
SAN DIEGO
Ramona
Poway
Feterbrook
Santa Ysabel
Witch Creek
Julian
Cuyamaca
Blossom Valley
Alpine
Harbison Canyon
La Cuenta
Southwest


MAP G
Jamacha
Jamul
Dulzura
Engineer Springs
Barrett Jct.
Potrero
Tecate
Bonita
Lemon Grove
Spring Valley
La Presa
SAN DIEGO
Tijuana
M E X I
ESTADOS UNIDOS


COUNTY
MAP H
Borrego Springs
Desert Lodge


MAP J
Vallecito Stage Station
Agua Caliente Springs
Mount Laguna
Pine Valley
Laguna Jct.
Ocotillo Wells
IMPERIAL
COUNTY



MAP K

MAP NOTES: The base map has been produced using U. S. Geological Survey 7½' quadrangles as the basic source of information. Road definition includes the existing surfaces of the Circulation Element of the County General Plan 1978. Underlying parcel lines are based on a basic trace and represent the Cartographic Section's best interpretation, and may not be exact. Land ownership information is based on the general environment and may be inaccurate or misleading in some areas.

Chief Cartographer
San Diego County Planning Department
5201 Ruffin Highway
San Diego, California 92123

Should a mistake on map be sent in, the map will be replaced or returned to the sender by the department, whichever is desired.

This map is available in numerous forms and with additional special information overlays, including zoning. Any specialized display necessary should be directed to the Chief Cartographer.

Do not fill in.
COMMUNITY CONTACT SERVICES
use only.

AC#____________________ ALPHA____________________

* *

For our information only, this is not included in the data printout.

DATE FORM COMPLETED____________________

NAME AND PHONE # OF PERSON COMPLETING FORM____________________

* *

This information found in the first five lines of the data printout.

FULL NAME OF AGENCY,
GROUP, ORGANIZATION
OR INDIVIDUAL ____

____

STREET
ADDRESS____

____
CITY STATE ZIP CODE

MAILING
ADDRESS____

____
CITY STATE ZIP CODE

* *

NEW INFORMATION
Does not appear in the printout.

IF THE ORGANIZATION LISTED ABOVE IS PART OF SOME OTHER ORGANIZATION (I.E., IS A PROJECT, PROGRAM, DEPARTMENT, DIVISION, ETC.,) PLEASE WRITE THE NAME OF THE "PARENT" ORGANIZATION BELOW.

____

* *

Found listed in two places in the printout:

PHONE NO. and

ADDITIONAL PHONE(S):
(in the ADDITIONAL INFORMATION section)

TELEPHONE NUMBERS MAIN ( )_____-__________
Area Code

OTHERS: Please identify what these numbers are for in this space.

( )_____-__________ ____________________

( )_____-__________ ____________________

( )_____-__________ ____________________

( )_____-__________ ____________________

* *

NEW INFORMATION
Does not appear in the printout.

Does the organization have ramps, elevators, etc., to accomodate clients in wheelchairs?

_____YES _____NO (If yes, what?)

Are there any physical obstacles, such as steps, which would deter or hinder persons with any walking disabilities?

_____YES _____NO (If yes, what?)

Source	Question
Found after title PERSON IN CHARGE: in data print out.	NAME OF PERSON IN CHARGE (Director, chief, head, etc.)______
NEW INFORMATION not in data print out.	HIS/HER TITLE______
Found under titles OPERATION HOURS - - - DAYS and ADDITIONAL HOURS/DAYS: (in the ADDITIONAL INFORMATION section)	OFFICE HOURS/DAYS HOURS: From- To- DAYS: From- To-

* *

OTHER HOURS/DAYS **Please state what these hours/days are for here →

HOURS: From- To- DAYS: From- To- ______

HOURS: From- To- DAYS: From- To- ______

HOURS: From- To- DAYS: From- To- ______

HOURS: From- To- DAYS: From- To- ______

IF THERE IS ANY OTHER INFORMATION ABOUT YOUR HOURS/DAYS OF OPERATION WE SHOULD KNOW ABOUT, TELL US HERE.

PLEASE CHECK THE HOLIDAYS YOU ARE CLOSED.

_____no holidays
_____New Years Day
_____Lincoln's Birthday
_____Washington's Birthday
_____Good Friday
_____May, Memorial Day
_____July 4, Independence Day
_____Labor Day
_____Calif. Admission Day
_____Columbus Day
_____Veterans Day
_____Election days
_____Christmas
_____other, please specify
______
______

* *

Found after title ORGANIZATION TYPE: in data print out.

ARE YOU? (Please check)

(A) _____an individual

(B) _____a public (governmental) organization

(C) _____a private, non-profit, religious or sectarian organization

(D) _____a private, non-profit, non-sectarian organization

(E) _____a private, proprietary (profit-making) organization

(F) _____other (please explain below)

______

______

______

REFERRALS IN: I. What are the three largest sources of referrals to your organization? (Include self and family referrals.)

II. List three organizations who do not or who infrequently refer clients to you, but whose clients could benefit from your services.

REFERRALS OUT: I. List three organizations to which you most frequently refer clients.

NEW INFORMATION not in data print out.

II. List services which do not exist (or which you don't know about) or which you cannot obtain for clients, but which would be of benefit to the persons you serve.

* *

REPORTING: ____ We keep all information on our clients strictly confidential.

____ We can and will furnish reports to other agencies on request.

____ We can and will furnish reports only under the following conditions:

NEW INFORMATION not in data print out.

If this information does not apply to minors (under 18 years of age), please record differences.

* *

NEW INFORMATION not in data print out.

LICENSES, PERMITS, PERMISSION, ETC. – What we're trying to find out here is what is required of various agencies in order for them to provide services.

IF ANY LICENSES AND/OR PERMITS ARE REQUIRED:

Name of license or permit	Issued by	Required by

IF NOT: By what authority do you operate? OR Did you have to obtain permission or ? in order to operate? (E.G., non-profit incorporation, tax-exempt status, zoning special-use permit, zoning re-classification, etc.)

* * * * * * * *

Found after title
LANGUAGES BESIDES ENGLISH:
in data print out.
(in ADDITIONAL
INFORMATION section)

List any languages besides English which are spoken by persons in the organization. Do not include languages which are spoken by persons who are not available to clients or other helping agencies.

* *

Found after title
FUNCTION:
in data print out.
(in ADDITIONAL
INFORMATION section)

WRITE A DESCRIPTION OR STATEMENT OF THE GENERAL GOAL(S) OF THE ORGANIZATION. (Think of a sentence which begins "We exist in order to. . ." Begin writing your statement with the word To.

Found after title
VOLUNTEER PROGRAM INFORMATION
in the data print out.

IF YOUR ORGANIZATION HAS A VOLUNTEER PROGRAM, PLEASE COMPLETE THIS PAGE. IF NOT, SKIP IT AND GO ON.

(Fill in or check, as appropriate.)

_____ is the minimum age the organization will accept a volunteer.

_____ Yes, we will accept a volunteer over the age of 60.

_____ Yes, we will accept a volunteer assigned by a court.

_____ Yes, we will accept a volunteer who is serving in the military.

_____ Yes, a potential volunteer should have his/her own car.

SEX LIMITATIONS FOR A VOLUNTEER: _____Males only _____Females only OR ____no limitations

_____ Yes, we are active with the Volunteer Bureau of San Diego. (or other city, if applies)

_____ Yes, we have a memo of understanding with the RSVP Program.

_____ Yes, we have a volunteer training program.

NAME OF VOLUNTEER COORDINATOR_____

WE USE VOLUNTEERS FROM- TO- FROM- TO-
(Hours) (Days)

WHAT DO YOUR VOLUNTEERS DO? (Use the space below. Describe in your own way.)

ANYTHING WE DIDN'T ASK ABOUT YOUR VOLUNTEER PROGRAM THAT WE SHOULD KNOW?

EW INFORMATION
ot found in printout.

BUDGET INFORMATION

The total budget amount (FY 1973-4) for this organization is $_____

Breakdown of the above figure:

Source of funds	Amount	This figure represents -- contract, allocation grant, fee income, etc. ? ? ?	Length or term of this income (no. of months)	Start/Stop Dates Mo-Yr/Mo-Yr	If earmark please specify what for

In-kind service or equipment agreements

Source	Amount	Type of service/equipment	Length or term (no. of months)	Start/Stop Dates Mo-Yr/Mo-Yr

NEW INFORMATION
not in data print out.

****OPTIONAL

The space on this page is to give you an opportunity to make any statement you like about the organization being described. This section will be called "Agency Statement" and will be recorded verbatim. Space is limited, so please try to restrict yourself to ± 100 words.

NEW INFORMATION
Not found in printout.

BUDGET INFORMATION

The total budget amount (FY 197-5) for this organization is $_____

Breakdown of the above figure:

Source of funds	Amount	Mark with X if these funds have been applied for, but are still pending	If any clarification is needed in this description, write it here.

In-kind service or equipment agreements

Source	Amount

SAN DIEGO STATE UNIVERSITY 1897

NEW INFORMATION
not in data print out.

****OPTIONAL

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If the facility from which you operate has ramps, elevators, etc., to assist those with disabilities, please describe

If the facility has any physical obstacles, such as steps, which would deter or hinder persons with walking disabilities, please describe

All
NEW INFORMATION

Aside from transportation-as-a-service, do you provide transportation to and or from your facility for clients? ____YES ____NO

ON THE BACK OF THIS PAGE, please give directions to your facility via public transportation (bus if available) from a central location in your community or city. (If San Diego, from Horton Plaza. If another area, please name the central location.)

List any languages besides English which are spoken by persons in the organization. Complete the table where appropriate.

LANGUAGE SPOKEN	(Check if YES) Is this bilingual availability part of services provided?	(If answer was YES) Number of staff speaking	Number of volunteers speaking

NEW INFORMATION
not in data print out.

****OPTIONAL

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