2015 Annual Survey

Please submit online no later than March 25, 2016

Direct Questions about the Survey to:
Julie Zorb
Manager, Policy and Research
Catholic Charities USA
Telephone: (571) 814-4921
Fax: (703) 549-1656
Email: jzorb@CatholicCharitiesUSA.org
SECTION ONE: AGENCY PROFILE

On this form please report statistical information for the main diocesan agency, branches, and service sites for the calendar year 2015.

Please make corrections here to the contact information we have for this agency:

1. Agency Name Agency code:
2. Diocese
3. Name of Person Completing Survey
4. Phone Number of Person Completing Survey
5. E-mail of Person Completing Survey
6. Approximately how many physical service sites does your agency operate? _____
7. How many programs are offered by your agency? _____

SUMMARY DEMOGRAPHICS OF CLIENTS RECEIVING SERVICES

This section is the demographic profile for the clients served by your agency and affiliates. In Table 1, please provide the total number of unduplicated clients served. Record clients by age group and by race. Question 1, below the table, asks about Hispanic/Latino(a) ethnicity.

<table>
<thead>
<tr>
<th>Race</th>
<th>Children/Adolescents (under 18)</th>
<th>Adults (18 to 64)</th>
<th>Seniors (65+)</th>
<th>Total Unduplicated Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian/Pacific Islander</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black/African American</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White/European/Middle Eastern</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other or Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Unduplicated Clients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. How many of the total unduplicated clients reported in Table 1 are Hispanic/Latino(a)? ____________
2. How many of the total unduplicated clients reported in Table 1 are veterans? ____________
3. How many of the total unduplicated clients reported in Table 1 are receiving public assistance (including TANF, SSI, food stamps, Medicaid, etc.)? Please make your best effort to provide an accurate count. ____________
4. Estimate the total number of clients reported in Table 1 who are undocumented. ____________
5. Estimate the total number of clients reported in Table 1 who were living below the poverty line in 2015. ____________

According to the 2015 HHS Poverty Income Guidelines, poverty is $11,770 for a family of one, $15,930 for a family of two, $20,090 for a family of three, and $24,250 for a family of four.
SECTION TWO: FINANCES

Please record your revenue and expenses as presented in the agency’s most recent financial statement(s), combining all information applicable to the entities included in the annual survey. Round your figures to the nearest dollar. We have aligned this reporting format to mirror the **IRS Form 990** (Section VIII), with the corresponding line item noted for ease of reporting. In some cases, we have asked for an additional breakdown within a line item on the 990 to better understand and benchmark funding sources (e.g., United Way support and CFC support within the Federated Campaigns category). Record each dollar received (Revenue) and each dollar spent (Expense) only once.

1. What fiscal year does your report reflect? Please indicate month and year of fiscal year end: ____________________

2. Does your agency prepare and/or file IRS Form 990:
   - ☐ Yes
   - ☐ No

   a. If “Yes,” please upload your financial statement.

I. Revenue

   1. CONTRIBUTIONS, GIFTS, GRANTS & OTHER SIMILAR AMOUNTS

      1a Federated campaigns

         (A) United Way support
         (B) Combined Federal Campaign (CFC)

      1b Membership dues

      1c Fundraising events

      1d Related organizations

      1e Total government revenue

         (A) Funds received from federal grants, contributions (includes funds passed through a state/county etc.)
         (B) Funds received from state or local governments (not pass-through from federal)

      1f All other contributions, gifts, grants, and similar amounts not included above (formerly Community Support)

         (A) Corporate contributions
         (B) Individual contributions:
            i. Bequests
            ii. Charitable gift annuities
            iii. Other individual contributions
         (C) Foundation grants
         (D) Diocesan and church support
         (E) All other contributions

   2. PROGRAM SERVICE REVENUE

      (A) Direct client fees (fees for service)
      (B) Government contracts
      (C) Other third-party payments

   3. OTHER REVENUE NOT CAPTURED ABOVE

      (A) Investment income
      (B) Unrelated business income
      (C) Other revenue:______________________________

TOTAL REVENUE (SUM OF ALL GOLD BOXES) ____________________

IRS FORM 990

PART VIII, LINE 1h

1. ________________

PART VIII, LINE 1a

1a. ________________

PART VIII, LINE 1b

1b. ________________

PART VIII, LINE 1c

1c. ________________

PART VIII, LINE 1d

1d. ________________

PART VIII, LINE 1e

1e. ________________

PART VIII, LINE 1f

1f. ________________

PART VIII, LINE 2g

2. ________________

PART I, LINE 10

3. ________________

PART I, LINE 12

__________________
II. TOTAL IN-KIND CONTRIBUTIONS (Sum of A, B, and C)
(A) In-Kind (Such as volunteer services and the difference between religious salary and equivalent lay salary) __________________
(B) Contributed Supplies, Equipment, and Space __________________
(C) Other In-kind Contributions __________________

III. Expenses
To complete the table below, please refer to the following definitions to guide your responses. Program costs are those that can be identified specifically for a particular program, service, or activity. Fundraising costs include financial campaigns, endowment drives, solicitation of gifts and bequests, etc. Management and General costs are those that cannot be readily identified with a particular service activity. They include costs of administrative time not directly related to oversight of program operations and costs, as well as depreciation of facilities and salaries and expenses of executive, accounting, and personnel staff.

<table>
<thead>
<tr>
<th>Type of Expenses</th>
<th>A Program</th>
<th>B Fundraising</th>
<th>C Management and General</th>
<th>D Total Expenses (Horizontal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Salaries and Wages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Benefits and Payroll Taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Direct client assistance *</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Pass-Through Funds **</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. All Other Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Total Expenses (Vertical)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* The portion of your budget that is spent directly on behalf of clients for food, clothing, transportation, rent, utilities, medical/dental services, etc. (non-donated goods).
** Pass-Through Funds are funds that flow through the agency, but are not considered part of the operating budget.

IV. Assets
1. Unrestricted net assets (as of the beginning of the most recent fiscal year): ____________________________
2. Unrestricted net assets (as of the end of the most recent fiscal year): ____________________________

V. Specific Government Revenue by Type of Funded Activity
In this section, please indicate the amount of government funding (round numbers) received from ALL government sources according to the corresponding CFDA number. Of interest is the type of governmental activity or program that this funding represents. Please add together similar funding from all levels of government and report the total on the line that best describes the programs or activities implemented.

The programs are grouped according to the relevant federal agency. Each answer could include dollars that flow directly from the federal government as well as funds from a federal program that are passed through state and local government entities or a non-profit organization such as the U.S. Catholic Conference of Bishops, an Area Agency on Aging, a hospital, the YMCA, the Salvation Army, etc. However, all funds should trace back to a Federal CFDA number. Agencies may wish to consult their Schedule of Expenditures of Federal Awards (SEFA) to complete this section.

1. Do you file a SEFA or have another list of federal funds received?  ○ Yes  ○ No
   a. If “Yes,” please upload your SEFA or other list of federal funds here.
<table>
<thead>
<tr>
<th>Funding Source/Descriptive Name of Program</th>
<th>CFDA(s)</th>
<th>Funding Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health and Human Services</td>
<td>CFDA(s) #93.XXX</td>
<td>(Dollars only, no decimals)</td>
</tr>
<tr>
<td>Program Name (Insert lines here)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Agriculture</td>
<td>CFDA(s) #10.XXX</td>
<td></td>
</tr>
<tr>
<td>Program Name (Insert lines here)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Housing/Urban Development</td>
<td>CFDA(s) #14.XXX</td>
<td></td>
</tr>
<tr>
<td>Program Name (Insert lines here)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Labor</td>
<td>CFDA(s) #17.XXX</td>
<td></td>
</tr>
<tr>
<td>Program Name (Insert lines here)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Justice</td>
<td>CFDA(s) #16.XXX</td>
<td></td>
</tr>
<tr>
<td>Program Name (Insert lines here)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Homeland Security</td>
<td>CFDA(s) #97.XXX</td>
<td></td>
</tr>
<tr>
<td>Program Name (Insert lines here)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Veteran Affairs</td>
<td>CFDA(s) #64.XXX</td>
<td></td>
</tr>
<tr>
<td>Program Name (Insert lines here)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of the Treasury</td>
<td>CFDA(s) #21.XXX</td>
<td></td>
</tr>
<tr>
<td>Program Name (Insert lines here)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Transportation</td>
<td>CFDA(s) #20.XXX</td>
<td></td>
</tr>
<tr>
<td>Program Name (Insert lines here)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of State</td>
<td>CFDA(s) #19.XXX</td>
<td></td>
</tr>
<tr>
<td>Program Name (Insert lines here)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Education</td>
<td>CFDA(s) #84.XXX</td>
<td></td>
</tr>
<tr>
<td>Program Name (Insert lines here)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Government Funding</td>
<td>CFDA(s)</td>
<td></td>
</tr>
<tr>
<td>Program Name (Insert lines here)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please refer to the description of services provided below when completing Table 3. Report data for the number of clients who received services in the year 2015. Record clients by age group: children and adolescents (under age 18), adults (ages 18 through 64), and seniors (65 and older).

<table>
<thead>
<tr>
<th>Type of Services</th>
<th>Definitions</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Behavioral Health Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Counseling &amp; Mental Health Services</td>
<td>Provides counseling and mental health services, which enable individuals and families to cope with social, psychological, and interpersonal problems.</td>
<td>Counseling/therapy (individual, family, group), survivors of suicide counseling, bereavement counseling, post-abortion counseling, outreach outpatient and inpatient mental health services, employee assistance, emergency mental health, and crisis intervention.</td>
</tr>
<tr>
<td>2. Addiction Services</td>
<td>Provides inpatient/outpatient clinical and supportive services to individuals and families with addictions that focus on assessment, treatment, education and prevention, recovery, and after care.</td>
<td>Evaluation, crisis intervention, individual, couple, and family therapy, group treatment, substance abuse education, anger management, prevention services, referrals, medication evaluation, residential treatment, aftercare programs, toxicology testing, and crisis intervention to this population.</td>
</tr>
<tr>
<td><strong>B. Pregnancy and Parenting Services</strong></td>
<td>Provides assistance to expectant single or married parents with problems related to pregnancy or parenthood, including positive birth outcomes and decisions about pregnancy resolutions. Parenting education and WIC services are included here as well as post-abortion services.</td>
<td>Prenatal and postnatal care, post-partum care, maternity assistance, housing for pregnant women, post-delivery women and infants including maternity residences, pregnancy prevention, counseling, and parenting. Education, supportive programs for adolescent parents and families, alternative elementary and high school for pregnant teens, parenting education for new parents, nutrition and health related services, and service to birth fathers. Project Rachel.</td>
</tr>
<tr>
<td><strong>C. Adoption Services</strong></td>
<td>Provides coordinated social, emotional, and legal processes for children whose birth parents are unwilling or unable to provide appropriate care for them and who are or will be legally free for adoption. The services are provided for and on behalf of the child and to all parties involved, including the child, adoptive applicants, and biological families.</td>
<td>Domestic infant adoption, special needs adoption, intercountry adoption, services to adult adoptees and birth parents, pre-adoptive infant foster care placement, post-adoption services. Orientation and information about adoption, recruitment and counseling for prospective adoptive families, counseling for birth parents, home studies, adoption search and reunion, individual, family, and group support.</td>
</tr>
<tr>
<td><strong>D. Refugee Resettlement Services</strong></td>
<td>Provides services to assist in the resettlement and the economic, social, and cultural adjustment of refugees.</td>
<td>Resettlement and placement, job development, sponsorship development, life skills education, tangible assistance, job readiness training, transportation, and cultural adaptation.</td>
</tr>
<tr>
<td><strong>E. Immigration Services</strong></td>
<td>Provides assistance to individuals and families with immigration issues, such as legal status and citizenship, as well as integration.</td>
<td>Legal representation, citizenship application assistance, citizenship education, parish forums, family visa petitions, and counseling, translation/interpreter services.</td>
</tr>
<tr>
<td><strong>F. Education &amp; Enrichment Services</strong></td>
<td>Provides information, education, and skill development focused on normal development issues, life transition and crisis, academic advancement, community and family living to improve self-esteem, role competency, and social functioning.</td>
<td>Abstinence education, marriage preparation, marriage promotion, conflict-resolution education, family life education, special education, adult education, ESL or VESL classes, GED, values clarification education, education for social justice, literacy, parenting, Head Start, Head Start-like programs, and alternative schools. Child care, before/after school programs, youth mentoring and tutoring programs, Foster parent training.</td>
</tr>
<tr>
<td><strong>G. Asset Development</strong></td>
<td>Provides financial education/coaching, matched savings accounts (IDAs), micro loans, tax assistance (EITC/VITA), or other savings programs.</td>
<td>Financial education/coaching, debt counseling, matched savings programs (IDA), tax assistance (EITC/VITA), micro loan programs, other savings programs.</td>
</tr>
<tr>
<td><strong>H. Community Services</strong></td>
<td>Provides organized age appropriate activities at the neighborhood level ranging from recreational and socialization opportunities to community organizing initiatives.</td>
<td>Catholic Youth Organizations, neighborhood/community centers, summer camps, senior day centers, community organizing activities. Restorative justice. Community based service programs, dispute mediation, and caregiver support.</td>
</tr>
<tr>
<td>Type of Services</td>
<td>Definitions</td>
<td>Examples</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>I. Employment Services</td>
<td>Provide employment services of all kinds (excluding employment services provided as part of refugee resettlement services).</td>
<td>Employment training, interview and resume skills training, job search, mentoring programs, welfare to work, sheltered workshops, targeted employment services, employment fairs.</td>
</tr>
<tr>
<td>J. Health-Related Services</td>
<td>Provide services that address a wide range of health needs, other than acute care or mental health, through treatment, prevention, and maintenance programs, including services to persons living with HIV/AIDS.</td>
<td>Health clinics, dental clinics, home health services, hospice services, skilled/intermediate care facilities, visiting nurses, prescription drug programs, physician referrals, personal care homes, speech and hearing services, needle exchanges, health fairs, and health insurance enrollment assistance.</td>
</tr>
<tr>
<td>K. Services to At-Risk and Other Specific Populations</td>
<td>Provides nonresidential, therapeutic, and supportive services to assure the safety and well-being of children and adults who have been or are experiencing physical, mental, sexual, and/or emotional abuse, neglect or exploitation. Programs not captured in other areas of the survey that are offered to specific populations.</td>
<td>Child and adult protective services, domestic violence, anger management services, services to crime victims, family preservation/family reunification, and other prevention, crisis, and therapeutic services to this population, legal services (non immigration related), foster grandparents program, guardianship and grandparent programs, phone reassurance, friendly visits, SSSF, prisoner reentry, trafficking services, etc.</td>
</tr>
<tr>
<td>L. Prepared Food Services</td>
<td>1. Congregate Dining (includes Soup Kitchens) Provides prepared meals for group dining to vulnerable clients.</td>
<td>Meals served at soup kitchens, emergency and transitional housing facilities, senior citizen centers, summer nutrition programs, adult and child day care.</td>
</tr>
<tr>
<td></td>
<td>2. Home Delivered Meals Provides prepared meals to vulnerable clients in their homes.</td>
<td>Meals on Wheels, other home delivered meals.</td>
</tr>
<tr>
<td>M. Food Distribution Services</td>
<td>1. Food Banks/Pantries Distributes food to low income individuals through food banks or pantries.</td>
<td>Food pantries and food banks.</td>
</tr>
<tr>
<td></td>
<td>2. Other Food Services Provides access to food through other food distribution systems or vouchers. Provides healthy eating/nutrition education programs</td>
<td>Government bulk food distribution, donated food, SHARE, Second Harvest, food co-ops, community gardens and vouchers. Nutrition education programs, i.e. SOS Cooking Matters.</td>
</tr>
<tr>
<td>N. Housing Services</td>
<td>Provides non-facilities based services offering long term solutions to shelter and housing needs.</td>
<td>Vouchers for housing, weatherization projects, Section 202 programs, energy conservation, home repair, home loan assistance, housing counseling, housing search and information, case management, subsidized home purchase, building material banks, and rental assistance.</td>
</tr>
<tr>
<td>O. Supervised Living</td>
<td>Provides foster care, group homes and residential care, which includes related clinical services to retired seniors, dependent children, and adults (i.e. developmentally and emotionally disabled, abused and neglected). Provides group home or residential placement for court mandated youth and supervision to youth transitioning from foster care to independent living.</td>
<td>Therapeutic foster care, relative care, assisted living, residential communities; Continuing Care Retirement Communities [CCRC], and group homes. Includes children or adults with developmental or physical disabilities and/or have serious or persistent mental illness.</td>
</tr>
<tr>
<td>P. Shelter Services and Transitional Housing</td>
<td>Operates short-term sites (up to six months) for the homeless, runaway youth, victims of domestic violence, etc. Operates intermediate housing sites (six months to two years) for individuals and families and assists them in attaining self-sufficiency and permanent housing.</td>
<td>Emergency shelters and safe houses. SROs and roaming houses, halfway houses, transitional family apartment units.</td>
</tr>
<tr>
<td>Q. Permanent Housing</td>
<td>Operates non-treatment-related permanent housing site(s) for individuals and families.</td>
<td>SROs, low-income housing for seniors, shared housing for seniors, apartment/single family dwellings, and subsidized housing (e.g., Sections 8, 236, and 811 housing). (Do not include housing in group homes, foster care, or residential facilities).</td>
</tr>
<tr>
<td>R. Other Basic Needs Assistance</td>
<td>Provides material and resources to meet basic human needs (excluding food, shelter, and housing).</td>
<td>Funeral expenses, clothing program, “back to work” wardrobe assistance, assistance with water, gas, electric, and/or phone utilities or other resources (not rent assistance), cash assistance with purchase of prescriptions, and household items. Information and referral services, transportation services (incl. bus tokens), diaper banks, etc.</td>
</tr>
<tr>
<td>S. Disaster Services</td>
<td>Provides a targeted response to individuals and/or communities in the aftermath of a disaster – any calamity, natural or man-made, that exceeds a community or neighborhood’s ability to respond.</td>
<td>Targeted, disaster-related temporary housing, mental health counseling, rental assistance, mass care, transportation, food subsidies, sheltering, client advocacy, grants and loans, and mitigation services.</td>
</tr>
</tbody>
</table>
I. Number of Clients Receiving Services

In Table 3 below, please record the total clients that were served in each service area in 2015 by age category. Please note that we are not requesting information on unduplicated clients between service categories. If a client received services in multiple service areas, they should be counted and recorded in each service area.

<table>
<thead>
<tr>
<th>Table 3. Number of Persons Receiving Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Service</td>
</tr>
<tr>
<td>A. Behavioral Health Services</td>
</tr>
<tr>
<td>1. Counseling/Mental Health Services</td>
</tr>
<tr>
<td>2. Addiction Services</td>
</tr>
<tr>
<td>B. Pregnancy Services</td>
</tr>
<tr>
<td>C. Adoption Services</td>
</tr>
<tr>
<td>D. Refugee Resettlement Services</td>
</tr>
<tr>
<td>E. Immigration Services</td>
</tr>
<tr>
<td>F. Education &amp; Enrichment Services</td>
</tr>
<tr>
<td>G. Asset Development Services</td>
</tr>
<tr>
<td>H. Community Services</td>
</tr>
<tr>
<td>I. Employment Services</td>
</tr>
<tr>
<td>J. Health-Related Services</td>
</tr>
<tr>
<td>K. Services to At-Risk and Other Specific Populations</td>
</tr>
<tr>
<td>L. Prepared Food Services</td>
</tr>
<tr>
<td>1. Congregate Dining (incl. soup kitchens)</td>
</tr>
<tr>
<td>2. Home Delivered Meals</td>
</tr>
<tr>
<td>M. Food Distribution Services</td>
</tr>
<tr>
<td>1. Food Banks/Pantries</td>
</tr>
<tr>
<td>2. Other Food Services</td>
</tr>
<tr>
<td>N. Housing Services</td>
</tr>
<tr>
<td>O. Supervised Living Services</td>
</tr>
<tr>
<td>1. Foster Care Services</td>
</tr>
<tr>
<td>2. Group Home Care Services</td>
</tr>
<tr>
<td>3. Residential Care Services</td>
</tr>
<tr>
<td>P. Shelter Services and Transitional Housing</td>
</tr>
<tr>
<td>Q. Permanent Housing Services</td>
</tr>
<tr>
<td>R. Other Basic Needs Assistance</td>
</tr>
<tr>
<td>1. Prescription Assistance</td>
</tr>
<tr>
<td>2. Clothing Assistance</td>
</tr>
<tr>
<td>3. Financial (not rent, mortgage, etc.)</td>
</tr>
<tr>
<td>4. Utilities Assistance</td>
</tr>
<tr>
<td>5. Transportation</td>
</tr>
<tr>
<td>6. Additional Other Basic Needs</td>
</tr>
<tr>
<td>S. Disaster Services</td>
</tr>
<tr>
<td>T. Other Clients Not Included Above</td>
</tr>
</tbody>
</table>
II. Data on Clients and Provided Services

Please answer each of the following questions on clients served. If your agency does not provide any of the following services, please check the box “Do not provide services,” and move on to the next section of the survey.

A. Behavioral Health Services

1. How many behavioral/mental health sessions did your agency provide? ______________
2. Which of these types of mental health services does your agency provide? Check all that apply.
   - Individual counseling
   - Family counseling
   - Marriage/pre-marital counseling
   - Group counseling
   - Trauma-informed care
3. From which of these places do you receive referrals for your mental/behavioral health services? Check all that apply.
   - Parish/church community
   - Medical professionals
   - Other programs within your agency
   - Other social service providers
   - Schools
   - Legal authorities (i.e. police, courts)
   - 211/other hotline
   - Word of mouth
4. How many clients showed a reduction of symptoms or increase in functioning (based on SOFA scale) or your own pre-/post-test measures? ______________
5. How many of your behavioral/mental health clients were active military or veterans? ______________

B. Pregnancy and Parenting Services

1. Total number of pregnancy clients served:
   - Single pregnant women
   - Single birth fathers
   - Intact families
   - Under age 18
   - Age 18 and older
   - Total served
2. Please indicate the number of clients served in residential housing pregnancy programs: ______________
3. Please mark the types of pregnancy services your agency offered.
   - Case management
   - Prenatal care
   - Counseling
   - Prevention services
   - Job training/placement
   - Testing
   - Parenting
   - Other (please specify)
4. Did your agency sponsor any Abstinence Education and Promotion Programs?
   - Yes ☐ No ☐ __________ clients served
5. Did your agency sponsor any father involvement programs?
   - Yes ☐ No ☐ __________ clients served
6. Did your agency offer Project Rachel or other post-abortion ministry?
   - Yes ☐ No ☐ __________ clients served

C. Adoption Services

1. Total number of completed adoptions
2. How many adoptions were infants (excluding special needs)?
3. How many adoptions were considered special needs children?
4. How many adoptions were inter-country adoptions?
5. How many adoptions came from foster care?
6. Please mark each service that your agency offered and indicate the number of clients served for each service:
   - Adoption registry
   - Adoption search
   - Home-study
   - Post adoption services
   - Support groups
D. Refugee Resettlement Services

☐ Do not provide services

1. Did your agency provide services to refugees during the initial resettlement period (ORR R&P/match grant)?
   ○ Yes  ○ No
   ________ refugees resettled (placed with your agency)

2. Of these refugees served by your agency in 2015, how many have:
   Obtained employment? ________
   Achieved self-sufficiency within the resettlement timeframe (i.e. stable lodging and employment)? ________
   Achieved English proficiency? ________

3. Did your agency provide services to refugees after the initial resettlement period (R&P/match grant)?
   ○ Yes  ○ No
   ________ refugees served
   If yes, mark all that apply.
   ○ Counseling
   ○ Employment Training
   ○ Interpreter Services
   ○ Job placement
   ○ Legal Services
   ○ Matched Savings program
   ○ Outreach
   ○ Other (please specify) ________

4. How many parishes or congregations sponsored or provided sponsorship assistance for refugees? ________

E. Immigration Services

☐ Do not provide services

1. How many community outreach presentations did your agency conduct? ________

2. How many immigration legal consultations did your agency provide? ________

3. How many of these consultations were converted to cases? ________

4. Did you serve any unaccompanied alien children (UAC) in 2015?  ○ Yes  ○ No
   If yes, mark all that apply and the numbers served if possible.
   ○ Legal Services ________ clients served
   ○ Other social services ________ clients served
   ○ As URM grantee (ORR/MRS) ________ clients served
   ○ Family Welcome Centers ________ clients served

5. Please categorize your immigration legal services in 2015 according to this chart:

<table>
<thead>
<tr>
<th>Category</th>
<th>Brief Description</th>
<th>Sample Forms</th>
<th>Cases initiated</th>
<th>Cases carried forward from prior years</th>
<th>Cases closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citizenship</td>
<td>Derivation, Acquisition, Naturalization</td>
<td>N-400, N-684, N-565</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affirmative Residence</td>
<td>Obtaining lawful permanent residence through adjustment of status or consular processing</td>
<td>I-130, I-90, I-45, I-765</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victims of Abuse</td>
<td>U-visa, T-visa, VAWA self-petition</td>
<td>I-918</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asylum</td>
<td>Affirmative application for victims of persecution</td>
<td>I-589</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deferred Action</td>
<td>Temporary work authorization for youth meeting certain military or educational requirements</td>
<td>I-821D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiver</td>
<td>Petitions for forgiveness of certain inadmissibility grounds</td>
<td>I-912, I-601, I-601A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Removal Proceedings</td>
<td>Deportation proceedings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Services</td>
<td>Additional services not categorized above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
F. Education and Enrichment Services  □ Do not provide services

1. If your agency sponsored Head Start, Early Head Start, or Head Start-like programs, please indicate the programs provided, the number of sites you have, and the number of children served in each:
   ○ Head Start          Sites          children served
   ○ Early Head Start    Sites          children served
   ○ Head Start-like programs Sites          children served

2. If your agency provides child day care services, how many child day care slots were available per day. ________

3. How many children received child day care services?
   Infants (0 - 23 mos.)          children served
   Toddlers & Preschoolers (2 - 5yrs) children served

4. Does your agency provide before/after school care or programming (school age; ages 6+)?
   ○ Yes   ○ No
   Please mark any of the following special needs child care services that your agency provides.
   ○ Evening, night, weekend care   ○ Sick care
   ○ Respite care      ○ Transportation

5. Did your agency provide any mentoring services for at-risk youth?
   ○ Yes   ○ No          clients served

6. Did your agency sponsor any Marriage Promotion and Strengthening Programs?
   ○ Yes   ○ No          clients served

7. Did your agency sponsor any high school dropout prevention services?
   ○ Yes   ○ No          clients served

8. Did your agency provide GED services?
   ○ Yes   ○ No          clients served   clients achieving GED

9. Did your agency provide any ESL or VESL services?
   ○ Yes   ○ No          clients served

10. Did your agency provide any post-secondary education services?
    ○ Yes   ○ No          clients served   clients receiving post-secondary degree/certificate

11. Did your agency partner with Community Colleges for any post-secondary education services?
    ○ Yes   ○ No

G. Asset Development Services  □ Do not provide services

1. Did your agency provide any financial literacy/coaching services?
   ○ Yes   ○ No      clients served

2. Did your agency provide any matched savings programs (IDAs)?
   ○ Yes   ○ No      clients served

3. Did your agency help clients connect with tax assistance (EITC/VITA)?
   ○ Yes   ○ No      clients that accessed EITC through agency efforts

4. Did your agency provide any micro loan programs?
   ○ Yes   ○ No      clients served

5. Is your agency active in combatting predatory lending in your community (e.g., providing an alternative for clients, working in coalition)?
   ○ Yes   ○ No If Yes, please describe: ___________________________________________________

6. Did your agency provide any other type of savings programs?
   ○ Yes   ○ No      clients served

7. Does your agency partner with any banks or credit unions?
   ○ Yes   ○ No If Yes, please describe: ___________________________________________________

H. Community Services  □ Do not provide services

1. Please mark any of the following services provided, and the number of sites for each.
   ○ Summer camps          sites
   ○ Family/Community centers sites
   ○ Senior centers sites          sites
   ○ Other (please specify)          sites
I. Employment Services  □ Do not provide services

Of the total number of people that received employment services from your agency in 2014:
1. How many have achieved full-time employment? ___________ clients
2. How many are employed above minimum wage? ___________ clients
3. How many achieved a new certification or credential through your services? ___________ clients
4. Please mark the specific populations to which your agency targeted employment services.
   ○ Senior Employment Programs
   ○ Sheltered Workshops/Employment Programs for the Disabled
   ○ Welfare-to-Work Programs
   ○ Veterans
   ○ Youth Job Programs

5. Please mark the kinds of employment services that your agency provided:
   ○ Employment training (i.e., specific skills and apprenticeship)
   ○ Interview skill training
   ○ Job readiness (i.e., soft skills)
   ○ Resume development
   ○ Job search
   ○ Other: __________________________________________

J. Health-Related Services  □ Do not provide services

1. Please mark any of these health-related services offered by your agency and the total number of clients served.
   ○ Caregiver support groups ___________ ○ Hospice ___________
   ○ Dental clinic ___________ ○ Intermediate care facility ___________
   ○ Health clinic ___________ ○ Memory loss/dementia ___________
   ○ Health related support groups ___________ ○ Parish nurse ___________
   ○ HIV/AIDS services ___________ ○ Skilled nursing facility ___________
   ○ Home health services ___________ ○ Other (please specify): ____________________________

2. How many low-income children did your agency assist in health insurance enrollment in these programs:
   CHIP ___________
   Medicaid ___________
   Other program ___________

3. How many adults did your agency assist in health insurance enrollment? ___________

K. Services to At-Risk and Other Specific Populations  □ Do not provide services

1. Please indicate if your agency offered specific programs for any of the following special populations. Do not count those for whom you provide services but do not have a program. Mark all that apply and indicate the numbers of clients served by each.
   ○ Gangs ___________ ○ People with physical disabilities ___________
   ○ Juvenile offenders ___________ ○ Veterans ___________
   ○ Prisoners/ex-offenders ___________ ○ Military families ___________
   ○ Families of prisoners ___________ ○ Victims of sex trafficking ___________
   ○ Victims of crime ___________ ○ Victims of labor trafficking ___________
   ○ Migrant workers ___________ ○ Domestic violence survivors ___________
   ○ Seniors ___________ ○ Victims of sexual abuse ___________
   ○ Children at risk of abuse/neglect ___________

2. Please mark any of the following services that your agency provided to seniors.
   ○ Adult day care  ○ Home repair  ○ Senior centers
   ○ Caregiver support  ○ Legal services  ○ Victims of elder abuse
   ○ Case management  ○ Ombudsman
   ○ Chore services  ○ Respite care
   ○ Counseling  ○ Services for seniors who are homebound
   ○ Guardianship  ○ Transportation
   ○ Homemaker services  ○ Other (please specify) ____________________________
L. Prepared Food Services  □ Do not provide services

1. In each of the following prepared food services, please report the total number of sites and the total number of meals, as indicated.

- Congregate dining _____ sites  _____ meals (includes soup kitchens)
- Home delivered meals _____ meals
- Afterschool meals _____ meals  _____ kids
- Summer lunch program  _____ sites  _____ meals  _____ kids

M. Food Distribution  □ Do not provide services

1. In each of the following food distribution services, please indicate the total number of sites providing these services. (Other food distribution services include government bulk food distribution, donated food, SHARE, Second Harvest, food co-ops, and vouchers.)

   (A) Food banks/pantries/cupboards  _____ sites
   (B) Other food distribution services  _____ sites

2. Please estimate the total number distributed:
   - Food bags/boxes:  _____
   - Pounds of food:  _____

3. Are any of your food distribution sites “client choice”?
   - Yes  ○  No  ○

4. Does your agency offer medically tailored food packages/meals (e.g. for diabetics)?
   - Yes  ○  No  ○

5. Does your agency sponsor any community gardens?
   - Yes  ○  No  ○

6. Does your agency offer any healthy eating education?
   - Yes  ○  No  ○

7. How many adults did your agency assist in SNAP enrollment?
   - _____ clients

N. Housing Services  □ Do not provide services

1. How many rental assistance payments did your agency provide to help clients stay in their homes?
   - Total number of payments  _____
   - Total dollar amount of payments  _____

2. Please mark any of the following services offered by your agency.
   - Building material banks  ○
   - Home repair  ○
   - Case management  ○
   - Housing counseling (including “one-stop” services)  ○
   - Energy conservation/weatherization  ○
   - Housing search and information  ○
   - Foreclosure counseling  ○
   - Rental assistance  ○
   - Home mortgage assistance  ○
   - Other (please specify)  ____________________________

O. Supervised Living  □ Do not provide services

1. Does your agency provide supervised living for developmentally disabled?
   - Yes  ○  No  ○

2. Does your agency provide assisted living services?
   - Yes  ○  No  ○

3. Does your agency offer Continuing Care Retirement Community (CCRC) services?
   - Yes  ○  No  ○

4. Does your agency provide supportive housing for persons with serious mental illness?
   - Yes  ○  No  ○

P. Shelter Services and Transitional Housing  □ Do not provide services

1. If your agency operated or managed shelters, how many?

2. How many total beds were available in these shelters?
   - Total number of “bed nights”:  _____

3. If your agency operated transitional housing programs, how many units are offered through your programs?

4. Please mark if your agency provided a special program for temporary shelter or transitional housing for which the primary purpose was to serve any of the target populations listed below.

<table>
<thead>
<tr>
<th>Special Programs for these Target Populations</th>
<th>Temporary Shelter</th>
<th>Transitional Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Ex-offenders</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Families</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Men with Children</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Persons with Addictions</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Persons with HIV/AIDS</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Runaway Youth</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Seniors</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Single Adult Females</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Single Adult Males</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Veterans</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Women with Children</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Young Adults Transitioning out of Foster Care</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td>__________________</td>
<td>_____________________</td>
</tr>
</tbody>
</table>

5. Does your agency provide rapid rehousing services?
   - Yes  ○  No  ○
Q. Permanent Housing

☐ Do not provide services

Please indicate the number of units offered by type of dwelling.

<table>
<thead>
<tr>
<th>Dwelling Type</th>
<th>Individual Units</th>
<th>Family Units</th>
<th>Total Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apartment (# of apartment units)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single-Family Residence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Housing Units</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Please indicate how many of the total units reported in Table 4 were provided to the following target populations: Low income families ____________ Persons who are physically challenged ____________ Seniors ____________ Other (please specify) ____________

2. Please indicate how many of the total units reported in Table 4 were federally subsidized ____________

3. Does your agency have a relationship with or operate the following housing programs?
   ○ Yes  ○ No  Community Development Corporation (CDC)
   ○ Yes  ○ No  Community Housing Development Organization (CHDO)

4. Does your agency have any permanent housing units currently in development?
   ○ Yes  ○ No  If yes, number of projects: ____________ Total number of units: ____________

R. Other Basic Needs Assistance – No additional questions for this section

S. Disaster Services

☐ Do not provide any disaster services.

1. Does your agency provide disaster services at the time of a disaster event?  ○ Yes  ○ No

2. If yes, please indicate all disaster phases in which your agency engages:
   ○ Immediate/Early Response (e.g., feeding, sheltering, distributing goods, mobile food pantries)
   ○ Transitional Response (e.g., debris removal, gift card distribution, information and referral, crisis counseling)
   ○ Preliminary Recovery (e.g., initial disaster case management, long-term recovery group formation, initial reconstruction/repairs)
   ○ Long-term Recovery (e.g., ongoing repairs, home rebuilds, long-term disaster case management, ongoing recovery group participation, ongoing Volunteer Organizations Active in Disaster (VOAD) meetings)

3. What types of disasters occurred within your diocese in the past year for which your agency mobilized a response?
   ○ Natural disaster (e.g., flood, fire, hurricane, tornado). Please specify: ____________
   ○ Man-made disaster (e.g., civil disturbance, large explosions, terrorism). Please specify: ____________

4. Does your agency have a completed and up-to-date Continuity of Operations Plan?  ○ Yes  ○ No

5. If yes, how regularly do you test this plan?
   ○ Never  ○ Once a year  ○ Twice a year  ○ Once a quarter

6. Does your agency have a comprehensive and up-to-date Disaster Response Plan (i.e. to perform disaster operations in your community)?  ○ Yes  ○ No

7. If yes, how regularly do you practice this plan?
   ○ Never  ○ Once a year  ○ Twice a year  ○ Once a quarter

8. Does your agency solicit disaster resources and/or have established mechanisms for readily accessible resources to respond as necessary to a disaster event?  ○ Yes  ○ No

9. If yes, to which resources does your agency have access? Check all that apply.
   ○ Financial donations/resources
   ○ In-kind donations
   ○ Pro-bono professional services
   ○ Volunteers
   ○ Authorized access to a “rainy day” fund

10. Does your agency have access to a warehouse to store goods and supplies during a disaster event?  ○Yes  ○No

11. Is your agency part of a local/regional VOAD group?  ○ Yes, as a leader  ○ Yes, as a member  ○ No

12. Has your agency signed disaster-related MOUs with other organizations in the community?  ○ Yes  ○ No

13. If yes, do you engage community partners prior to a disaster to accomplish common goals/tasks?  ○ Yes  ○ No

14. If yes to MOUs with other organizations, do you partner with them in non-disaster projects?  ○ Yes  ○ No
T. Other Clients Not Included Above

1. What programs and services were you unable to categorize in our other categories? (We will use this to refine our categories for future surveys)

III. Other Agency Program/Services Information

1. Does your agency provide comprehensive benefit screening?  
   ○ Yes  ○ No

2. What client database software does your agency use? Please list all, if more than one:

3. Please provide information on any new services or programs that your agency developed or implemented in 2015.

4. Please provide information on any discontinued services or programs in 2015. Please also indicate the reason that best describes why the service or program was discontinued.

5. Please identify which of these programs or services for which your agency maintained a waiting list or had to turn people away (other than adoption services) as well as an estimate of the number on waiting lists or turned away.
   ○ Adult day care
   ○ Dental care
   ○ Housing/Shelter
   ○ Child care
   ○ Emergency assistance
   ○ Immigration services
   ○ Counseling/mental health
   ○ Health care
   ○ Senior services
   ○ Other. Please provide an example of unmet need in a program:

6. Please identify any programs or activities that your agency was involved with that deal with climate change or positively impacting the environment.

7. Please identify the key partner organizations your agency is working with in the Catholic community.
   ○ Catholic colleges/universities
   ○ Catholic Campaign for Human Development
   ○ Catholic schools: PreK-12
   ○ Catholic hospitals
   ○ Religious congregations
   ○ Other. Please specify:

8. Which of the following other key partner organizations does your agency work with on a regular basis?
   ○ American Red Cross
   ○ Area Agency on Aging
   ○ Chamber of Commerce
   ○ Feeding America
   ○ Goodwill Industries
   ○ Habitat for Humanity
   ○ Lutheran Social Services
   ○ Non-Catholic colleges/universities
   ○ Public schools: PreK-12
   ○ Salvation Army
   ○ United Way
   ○ Volunteers of America
   ○ YMCA/YWCA
   ○ Other. Please specify:

9. A social enterprise is a mission-driven business that has improving the common good as its primary purpose. Using the power of the marketplace and the tools of a for-profit corporation, a social venture is able to contribute to the fiscal stability of the non-profit while also creating living-wage jobs to assist those in need on their journey out of poverty. A social enterprise is often defined as meeting three characteristics: It addresses a social need, whether through its products, services, or employment base; it receives revenue from commercial activity, from a non-profit’s enterprise activities or a related for-profit enterprise; and its primary purpose is improving the common good. Does your agency have any programs that fit the description of a social enterprise? If yes, please describe:

<table>
<thead>
<tr>
<th>Enterprise Name</th>
<th>Year of Launch</th>
<th>Number Employed</th>
<th>Annual Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>(insert lines here)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. What is the greatest obstacle your agency faces in its efforts to reduce poverty in the communities it serves?
11. In your opinion, which program of your agency is most effective in reducing poverty? Please provide a brief description of the program, its cost to your agency in terms of financial and human resources, the number of clients served per year, and how you measure the success of the program.

SECTION FOUR: PERSONNEL

I. Paid Staff
   □ Do not have paid staff

1. In FTEs (full-time equivalent staff people), how many total staff does your agency employ? __________
2. Has your agency implemented a policy to ensure a living wage for all staff? □ Yes □ No

For each of four categories of paid staff, please report the number of full-time, part-time, and total number of paid employees in your agency. **Note: the number of part and full time employees should equal the total number of employees.**

In addition, on the right side of the table please identify the number of people in each of the employment categories according to their race or ethnicity, and identify how many in each employment category are women, veterans, and/or disabled persons.

Professional program staff includes individuals who use their practice, knowledge and skills to provide client services (e.g. social workers, case managers, etc.). Paraprofessional program staff includes individuals with specialized knowledge and technical training who work closely with and are supervised by a professional (e.g. social worker associates, caseworker aides, and physician assistants).

<table>
<thead>
<tr>
<th>Position Level</th>
<th>Full-time</th>
<th>Part-time</th>
<th>Total</th>
<th>Race or Ethnicity</th>
<th>Women</th>
<th>Veterans</th>
<th>Disabled Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Level Positions</td>
<td></td>
<td></td>
<td></td>
<td>American Indian or Alaska Native</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Asian, Native Hawaiian, or Pacific Islander</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Black or African American</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hispanic or Latino</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>White</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director Level Positions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Level Positions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative Support Positions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support Service Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Paid Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Paid Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Executive Level Positions include:** Diocesan Director/Chief Executive Officer/President/Executive Director/Administrator/Chief Operating Officer/Vice-President/Assistant Executive Director/Chief Financial Officer/Chief Program Officer/

**Director Level Positions include:** Controller/Director of Communications/Public Relations/Marketing/Director of Development/ Director of Diversity/Racial Equality/Director of Quality Improvement/Evaluation/Research/ Director of Human Resources/Director of Management Information Services/Systems Administrator/Directors of Parish Social Ministry/Regional and Divisional Directors/Program/Department/District Directors

Program Level Positions include: Program Supervisors/Program Professional and Paraprofessional Staff. Also include in this category Professional Consultants/Contractors

**Administrative Support Positions include:** Administrative Staff (Finance, Human Resources, Technical Support, etc.)/Executive Assistants, Secretaries and Clerical Staff

**Support Service Staff include:** Drivers, Cooks, Custodial, etc.
II. Volunteer Staff

Do not have volunteers

Volunteers are unpaid staff who contribute services to Catholic Charities. Please indicate in Table 6 the characteristics of your agency’s volunteers.

<table>
<thead>
<tr>
<th>Total Volunteers</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race or Ethnicity of Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
</tr>
<tr>
<td>Asian, Native Hawaiian, or Pacific Islander</td>
</tr>
<tr>
<td>Black or African American</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

1. What is your best estimate of the total number of hours these volunteers spent in the past year engaged in volunteer work? 

2. How often do you update your volunteer database?
   - No database
   - Never
   - Once a year
   - Twice a year
   - Once a quarter

3. Does your agency have a coordinator or director of volunteers?
   - Yes
   - No

4. Does your orientation for volunteers include a module on Catholic identity and mission?
   - Yes
   - No

5. Does your agency have former clients who now assist as volunteers?
   - Yes
   - No

6. If yes, how many? 

7. Does your agency use skilled volunteers*?
   - Yes
   - No

*Skilled or skills-based volunteering is the practice of using work-related knowledge and expertise in a volunteer opportunity. In other words, skills normally used to generate income are provided free of charge to a nonprofit organization. Examples of skilled volunteering include teachers volunteering as tutors, nurses volunteering at a free clinic, or tax specialists helping low income individuals review eligibility for the earned income credit.

7. If your agency participated in the Corporation for National Service, please mark the programs in which you participated.
   - AmeriCorps
   - Foster Grandparent Program
   - VISTA
   - Senior Companion Program
   - Retired Senior Volunteer Program

III. Board Members

Do not have a board

<table>
<thead>
<tr>
<th>Total Board Members</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race or Ethnicity of Board Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
</tr>
<tr>
<td>Asian, Native Hawaiian, or Pacific Islander</td>
</tr>
<tr>
<td>Black or African American</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

1. How many current or former clients serve as board members? 

2. Does the board orientation include a module on Catholic identity and mission?
   - Yes
   - No

3. Do you have a Junior Board?
   - Yes
   - No
I. Parish Engagement and Parish Social Ministry Programs

The following questions create a distinction between parish engagement and parish social ministry programs. In this survey, we define parish engagement as the myriad ways that agencies and parishes work together. We define parish social ministry programs as the support that Catholic Charities provides to a parish to develop its own response to need and injustice. A parish social ministry program is therefore a component of a parish engagement.

1. Is your agency building parish engagement?  ○ Yes  ○ No
2. If yes, what are the functions of your agency’s parish engagement? Check all that apply.
   ○ Coordinating volunteer opportunities for parishioners or parish groups
   ○ Coordinating a referral line specifically for people seeking services from parishes
   ○ Parish social ministry
   ○ Development (soliciting funds from the parishes)
   ○ Dispersing emergency assistance through parishes
   ○ Providing services at parish sites
   ○ Designating individuals at parishes representative to serve as agency representatives (“Ambassadors”)

3. Is there a dedicated staff member whose time is devoted to parish engagement?  ○ Yes  ○ No
4. If Yes, please list the person’s title, name, and contact information.

5. Is your agency responsible for leading any of these areas of ministry for your diocese? Check all that apply.
   ○ Social Action/Justice and Peace
   ○ Catholic Relief Services
   ○ Family Life
   ○ Migration and Refugee Services
   ○ Catholic Campaign for Human Development
   ○ Pro-Life Activities

6. Where are the parish social ministry efforts coordinated in your diocese? Please check only one.
   ○ Catholic Charities
   ○ Diocesan Office
   ○ Catholic Charities and the Diocesan Office share responsibility
   ○ No Existing Office

Answer the following questions in this section if you have a Parish Social Ministry (PSM) program.

7. Which of the following does your PSM program engage in? Check all that apply.
   ○ Educating parish leaders on parish social ministry and its importance
   ○ Facilitating networking between parish-based social ministry staff and volunteers for best practices sharing and problem solving
   ○ Providing leadership development training for parish-based social ministers
   ○ Educating on the Catholic social teaching and current social justice issues
   ○ Collaborating with the St. Vincent De Paul Society
   ○ Promoting global solidarity, potentially through Catholic Relief Services
   ○ Coordinating Catholic Campaign for Human Development efforts or promoting community organizing and economic development
   ○ Coordinating pro-life/respect life ministries
   ○ Coordinating legislative advocacy
   ○ Coordinating parish involvement in JustFaith or other formation activities
II. Mission and Catholic Identity
1. Who in your agency is most responsible for overseeing Catholic identity? Please check only one.
   ○ Mission/Catholic identity staff person
   ○ Agency Executive Director
   ○ Human Resources Director
   ○ Other. Please specify:
2. How much of this person's staff time is devoted to executing Catholic identity programming?
   ○ A little (Less than 25%)
   ○ Some (25-50%)
   ○ A lot (51-75%)
   ○ Most or all (76-100%)
3. Does your agency have a plan to promote Catholic identity? ○ Yes ○ No
4. Please indicate which of these your agency does to promote its Catholic identity. Check all that apply.
   ○ Have a completed assessment of its Catholic identity
   ○ Provide an orientation for new employees on Catholic identity
   ○ Provide ongoing training for employees on Catholic identity
   ○ Encourage a prayerful work environment, including regular prayer at meetings and the distribution of seasonal reflections (such as Advent, Lent, and holidays)
   ○ Display the Catholic identity of the organization through art and ambience of facilities
   ○ Display the Catholic identity of the organization in marketing to external audiences
   ○ Encourage a standard of client and team interaction that reflects the sacredness of life and the dignity of the human person
   ○ Engage your local bishop through encouraging his financial support, engagement with programs, and meetings with your board and/or executive director
   ○ Have a spot for the CEO/ED of your agency on the Bishop’s cabinet
5. Has your agency adopted a Code of Ethics? ○ Yes ○ No
6. If yes to item 5, is this the Catholic Charities USA Code of Ethics? ○ Yes ○ No
7. If yes to item 5, has your agency adapted the CCUSA Code of Ethics? ○ Yes ○ No

III. Diversity and Inclusion
1. Who in your agency is most responsible for overseeing Diversity and Inclusion? Please check only one.
   ○ Diversity and Inclusion staff person
   ○ Agency Executive Director
   ○ Human Resources Director
   ○ Other. Please specify:
2. If you have a staff person dedicated to Diversity and Inclusion, please provide name, title, and contact information:
3. Does your agency have a plan to promote equitable access to service and opportunities through Diversity and Inclusion? ○ Yes ○ No
4. Has your agency ever completed a Cultural Competency Assessment? ○ Yes ○ No
5. In which of the following does your agency currently engage to ensure and improve cultural competency? Check all that apply.
   Workforce Development
   ○ Diversity and Inclusion Council
   ○ History of Catholic Charities & Inclusion training
   ○ Inclusion training for staff
   ○ Performance evaluation benchmarks on inclusion
   ○ Recruitment for diverse applicants
   ○ Succession planning
   ○ Disability and Sensitivity training
   ○ Onboarding for new hires
   ○ Multicultural ministry training
   Social Service Del. and Program Development
   ○ Formation on multicultural outreach
   ○ Cross-cultural mentoring
   ○ Disability and Sensitivity training
   ○ Cross-cultural service delivery training
   ○ Community cultural mapping
   Social Policy and Advocacy
   ○ Routine local policy reviews based on cultural demographic data and analysis
   ○ Social Justice initiatives based on national trends in racial, ethnic, economic and cultural inequality indicators