

# NATIONAL HUNGER CLEARINGHOUSE DATABASE FORM

Facilitating the exchange of information, resources, and ideas  
among organizations fighting hunger and poverty.

OMB Control Number: 0584-0474.

Please complete this form and return it to WHY (World Hunger Year).

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

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ County/Countries Served: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Hours of Service: \_\_\_\_\_ Website: \_\_\_\_\_

Email: \_\_\_\_\_ Do want this to be the main email contact? YES NO

Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ ext: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive our monthly newsletter, the Clearinghouse Connection by:

Fax \_\_\_\_\_ Email \_\_\_\_\_ Do not want to receive it \_\_\_\_\_

Year Founded: \_\_\_\_\_ Number of Full Time Staff: \_\_\_\_\_ Number of Part time staff: \_\_\_\_\_

Number of Volunteers: \_\_\_\_\_ National or Regional Affiliation: \_\_\_\_\_

Annual Budget (select one)

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="radio"/> \$0 - \$49,999      | <input type="radio"/> \$100,000 - \$499,999 | <input type="radio"/> \$1,000,000 + |
| <input type="radio"/> \$50,000 - \$99,999 | <input type="radio"/> \$500,000 - \$999,999 |                                     |

How would you classify your organization? (select all that apply)

- |                                       |   |                                 |
|---------------------------------------|---|---------------------------------|
| <input type="radio"/> Advocacy        | <input type="radio"/> Education Institution   | <input type="radio"/> Labor     |
| <input type="radio"/> Coalition       | <input type="radio"/> Emergency Food Provider | <input type="radio"/> Religious |
| <input type="radio"/> Direct Services | <input type="radio"/> Funder                  |                                 |

What is your organization's target population? (select all that apply)

- |                                |                                       |                                   |
|--------------------------------|---------------------------------------|-----------------------------------|
| <input type="radio"/> Families | <input type="radio"/> Immigrants      | <input type="radio"/> Youth       |
| <input type="radio"/> Homeless | <input type="radio"/> Senior Citizens | <input type="radio"/> Other _____ |

Where does your organization provide services?

- |   |  |  |
|---|--|--|
| <input type="radio"/> Business              | <input type="radio"/> Extension Service      | <input type="radio"/> Religious Institution    |
| <input type="radio"/> Child Care Center     | <input type="radio"/> Farm                   | <input type="radio"/> School                   |
| <input type="radio"/> College University    | <input type="radio"/> Health Care Facility   | <input type="radio"/> Senior Citizen Center    |
| <input type="radio"/> Community Center      | <input type="radio"/> Home/Residence         | <input type="radio"/> Shelter                  |
| <input type="radio"/> Correctional Facility | <input type="radio"/> Organizational Offices | <input type="radio"/> Soup Kitchen/Food Pantry |
| <input type="radio"/> Detention Center      | <input type="radio"/> Public Housing         |  |



**National Hunger Clearinghouse- WHY (World Hunger Year)**  
505 Eighth Avenue, Suite 2100 New York, NY 10018 \*  
tel: 1-866-3 HUNGRY \* fax: 212.-465-9274 \* email: NHC@worldhungeryear.org

**What area does your organization serve?**

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="radio"/> <b>County</b>        | <input type="radio"/> <b>Neighborhood</b> | <input type="radio"/> <b>State</b>    |
| <input type="radio"/> <b>International</b> | <input type="radio"/> <b>Regional</b>     | <input type="radio"/> <b>Suburban</b> |
| <input type="radio"/> <b>National</b>      | <input type="radio"/> <b>Rural</b>        | <input type="radio"/> <b>Urban</b>    |





**Children Services:**

- ☐ After school
- ☐ Day care/Childcare
- ☐ Foster Care/Adoption
- ☐ Other \_\_\_\_\_

**Counseling:**

- ☐ Case Management
- ☐ Crisis Hotline
- ☐ Domestic Violence
- ☐ Drug and Alcohol
- ☐ Family Support
- ☐ Individual
- ☐ Referral Services
- ☐ Sexual Assault
- ☐ Other \_\_\_\_\_

**Education:**

- ☐ ESL
- ☐ Head Start
- ☐ Nutrition Education
- ☐ Prison Re-entry Program
- ☐ Other \_\_\_\_\_

**Food Assistance:**

- ☐ Community Support Agriculture
- ☐ Farmer's Markets
- ☐ Food Bank
- ☒ Food Delivery
- ☐ Food Pantry
- ☐ Kids Cafe
- ☐ Meals on Wheels
- ☐ Soup Kitchens
- ☐ Other \_\_\_\_\_

**Government Programs:**

- ☒ Child & Adult Care Food Program
- ☐ CSFP
- ☐ Earned Income Tax Credit
- ☐ FEMA/Disaster Relief
- ☐ Food Stamp Program
- ☐ Home Energy Assistance

**Government Programs (cont.)**

- ☐ Senior Farmer's Mkt Nutrition
- ☐ Summer Feeding Program
- ☒ TEFAP
- ☐ TANF
- ☒ WIC
- ☐ WIC/FMNP
- ☐ SFMNP
- ☐ Other \_\_\_\_\_

**Health Care**

- ☐ Health Clinic
- ☐ Prescription Assistance
- ☐ Other \_\_\_\_\_

**Homeless Services:**

- ☐ Drop In Center
- ☐ Emergency Shelter
- ☐ Halfway House
- ☐ Transitional Housing
- ☐ Voice Mail
- ☒ Other \_\_\_\_\_

**Housing:**

- ☐ Appliances/ Furniture
- ☐ Home Repairs
- ☐ Rent Subsidy
- ☐ Utilities Assistance
- ☐ Weatherization
- ☒ Other \_\_\_\_\_

**Jobs:**

- ☐ Career Counseling
- ☐ Job Placement
- ☐ Job Readiness
- ☐ Job Training
- ☐ Other \_\_\_\_\_

**Other Services:**

- ☐ Clothes
- ☐ Hunger Hotline
- ☒ Thrift Shop

Do you do advocacy work? If so, please indicate what kind. \_\_\_\_\_

Do you provide transportation services? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you provide transportation vouchers? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you accept food donations? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you provide seasonal services? (i.e. Christmas baskets) Yes \_\_\_\_\_ No \_\_\_\_\_

Mission Statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*Please write or attach a description of your organization's background and programs\*\*\***

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0474. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This collection of information expires 07/31/2009.

Form FNS-543