



NATIONAL HUNGER CLEARINGHOUSE DATABASE FORM

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

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research, Nutrition and Analysis, Room 1014, (0584-0474), Alexandria, VA 22302. Do not return the completed form to this address.

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 _____

Annual Budget (select one)

- \$0 - \$49,999
- \$50,000 - \$99,999
- \$100,000 - \$499,999
- \$500,000 - \$999,999
- \$1,000,000+

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

- Advocacy
- Coalition
- Direct Services
- Education Institution
- Emergency Food Provider
- Funder
- Labor
- Religious
- Government

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

- Families
- Homeless/Unemployed
- Immigrants
- Senior Citizens
- Youth
- Other _____

Where does your organization provide services?

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

What area does your organization serve?

- County
- National
- Neighborhood
- Regional
- Rural
- State
- Suburban
- Urban

National Hunger Clearinghouse-part of WHY's Grassroots Action Network
505 Eighth Avenue, Suite 2100 New York, NY 10018*
tel: 1-866-3 HUNGRY *fax: 212-465-9274 *email: NHC@whyhunger.org
www.whyhunger.org

AGENCY SERVICES PLEASE MARK ALL THAT APPLY

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 (EBT)
- Food Bank
- Food Delivery
- Food Pantry
- Kids Cafe
- Meal on Wheels
- Soup Kitchens
- Other _____

Government Programs:

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

Government Programs (cont.):

- Senior Farmer's Mkt Nutrition
- Summer Feeding Program
- TEFAP
- TANF
- WIC
- Other _____

Health Care:

- Health Clinic
- Prescription Assistance
- Other _____

Homeless Services:

- Drop In Center
- Emergency Shelter
- Halfway Home
- 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 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

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