

USDA National Hunger Clearinghouse Form

Print

The following information will be added to the USDA National Hunger Clearinghouse Database, an online resource that provides information about food assistance to the public.

Date

04/24/2015

E.g., 04/24/2015

Organization Name *

Physical Address

Country

Address 1 *

Address 2

City *

State *

ZIP code *

Phone

Ext

Fax

Hours of Service

Website

Email

Would you like to receive our monthly e-newsletter? *

No

Yes

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

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

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? (select all that apply)

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

What area does your organization serve? (select all that apply)

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

Children Service: (select all that apply)

- After School
- Day Care/Childcare
- Foster Care/Childcare

Other

Counseling: (select all that apply)

- Case Management
- Crisis Hotline
- Domestic Violence
- Drugs and Alcohol
- Family Support
- Individual
- Referral Services
- Sexual Assault

Other

Education: (select all that apply)

- ESL
- Head Start
- Nutrition Education
- Prison Re-entry Program

Other

Food Assistance: (select all that apply)

- Community Support Agriculture
- Farmer's Markets (EBT)
- Food Bank
- Food Delivery
- Food Pantry
- Kids Cafe
- Meals On Wheels
- Soup Kitchens

Other

Government Programs: (select all that apply)

- Child and Adult Care Food Program
- CSFP
- Earned Income Tax Credit
- Farmer's Market Nutrition Program
- FEMA/Disaster Relief
- Home Emergency Relief
- Senior Farmers Mkt Nutrition
- SNAP (formerly known as "Food Stamps")
- Summer Food Service Program
- TANF
- TEFAP
- WIC

Other

Health Care: (select all that apply)

- Health Clinic
- Prescription Assistance

Other

Homeless Services: (select all that apply)

- Drop In Center
- Emergency Shelter
- Halfway Home
- Transitional Housing

Other

Housing: (select all that apply)

- Appliances/Furniture
- Home Repairs
- Rent Subsidy
- Utilities Assistance
- Weatherization

Other

Jobs: (select all that apply)

- Career Counseling
- Job Placement
- Job Readiness

Other

Other Services: (select all that apply)

- Clothes
- Hunger Hotline
- Thrift Store

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

maximum 255 characters

Do you provide transportation services? *

- No
- Yes

Do you accept food donations? *

- No
- Yes

Do you provide seasonal services? (i.e. Christmas baskets) *

- No
- Yes

Mission Statement:

▼ **Contact Information**

The following information is for internal use only. Please provide the contact information for your organization's point of contact. The New York City Coalition Against Hunger (NYCCAH) will provide periodic updates on food assistance resources.

First Name *

Middle Initial

Last Name *

Title

Phone *

Ext

Mobile Phone

Fax

Email *

▼ **Contact's Address**

Country

Address 1 *

Address 2

City *

State *

ZIP code *