

**PA-503 Luzerne County
Homeless Coalition
Resource Guide**

August 2014

Updated 1/19/2017

Updated 3/28/2017

Updated 11/15/2019

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Luzerne County CoC Program Information Sheet

Program Name: Disaster Services
Agency: American Red Cross- Wyoming Valley Chapter
Address: 265 N. Sherman St. City: Wilkes-Barre
Program Contact Person: Disaster Services Phone Number: 570-823-7161
Fax Number: _____ email address: info.wilkes-barre.pa@redcross.org
Hours of Operation: 24 hour access
Affiliation: Private nonprofit (Charity) Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

Single male,18 and older Single female,18 and older
 Two parent family with child (children) Female parent with child (children)
 Male parent with child (children) Unaccompanied youth
 Children only Other, explain: _____

Eligibility requirements: persons facing a disaster such as fire, flood, etc.

Veteran	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Domestic Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Homeless certification:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
At Risk of Homelessness Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Permanent Disability Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Household Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Luzerne County Residency Requirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

If yes, how long? _____

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services **Other – emergency shelter**
in hotels/motels or disaster shelter sites as appropriate

SERVICE/ASSISTANCE:

Case Management Child Care Clothing
 Drug & Alcohol Counseling Educational Activities Employment Assistance
 Food Pantry Housing Counseling Housing Placement Assistance
 Income Information & Referral Legal Services
 Medical Care Mental Health Counseling Permanent Housing
 Permanent Supportive Housing Prescription Assistance Rental Assistance
 Shelter Soup Kitchen Transitional Housing
 Transportation Traveler's Aid Assistance Utility assistance
 Other, please list: food, health and emotional services

Luzerne County CoC Program Information Sheet

Program Name: Aging Services
 Agency: Area Agency on Aging for Luzerne/Wyoming Counties
 Address: 111 North Pennsylvania Blvd. City: Wilkes-Barre
 Program Contact Person: Doris Magee Phone Number: 570-822-1158
 Fax Number: 570-823-9129 email address: dmagee@aging.luzerne/wyoming.org
 Hours of Operation: 8:00 am to 4:00 pm. Monday through Friday
Affiliation: ___ Private non profit Local Government ___ State Government
 ___ Public Housing Agency ___ Funder ___ Faith- based ___ Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

___ Single male,18 and older ___ Single female,18 and older
 ___ Two parent family with child (children) ___ Female parent with child (children)
 ___ Male parent with child (children) ___ Unaccompanied youth
 ___ Children only Other, explain: persons age 60 or older

Eligibility requirements:

Veteran	___ Yes	___ No	<input checked="" type="checkbox"/> NA
Domestic Violence	___ Yes	___ No	<input checked="" type="checkbox"/> NA
Homeless certification:	___ Yes	___ No	<input checked="" type="checkbox"/> NA
At Risk of Homelessness Certification	___ Yes	___ No	<input checked="" type="checkbox"/> NA
Permanent Disability Certification	___ Yes	___ No	<input checked="" type="checkbox"/> NA
Household Income	___ Yes	<input checked="" type="checkbox"/> No	___ NA
Luzerne County Residency Requirement	<input checked="" type="checkbox"/> Yes	___ No	___ NA
Or Wyoming County Resident	<input checked="" type="checkbox"/> Yes		

If yes, how long? _____

TYPE OF PROJECT: ___ Emergency Shelter ___ Transitional Housing
 ___ Permanent Supportive Housing ___ Supportive Services ___ Other

SERVICE/ASSISTANCE- please check the primary services your agency or program provides to ALL homeless populations in Luzerne County, not only to your participants:

<input checked="" type="checkbox"/> Case Management	___ Child Care	___ Clothing
___ Drug & Alcohol Counseling	___ Educational Activities	<input checked="" type="checkbox"/> Employment Assistance
___ Food Pantry	___ Housing Counseling	___ Housing Placement Assistance
___ Income	<input checked="" type="checkbox"/> Information & Referral	___ Legal Services
___ Medical Care	___ Mental Health Counseling	___ Permanent Housing
___ Permanent Supportive Housing	___ Prescription Assistance	___ Rental Assistance
___ Shelter	___ Soup Kitchen	___ Transitional Housing
___ Transportation	___ Traveler's Aid Assistance	___ Utility assistance

Other, please list: Other community services, In-Home Services, Active Adult Centers, Protective Services

Luzerne County CoC Program Information Sheet

Program Name: **Catherine McAuley House**

Agency: **Catherine McAuley Center**

Address: **121 Church St.** City: **Plymouth**

Program Contact Person: **Emilia Rosas** Phone Number: **570-779-2801**

Fax Number: **570-779-2801** email address: **erosas@catherinemcauleycenter.org**

Hours of Operation: **intake please call for appointment**

Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

Single male,18 and older Single female,18 and older
 Two parent family with child (children) Female parent with child (children)
 Male parent with child (children) Unaccompanied youth
 Children only Other, explain: _____

Eligibility requirements:

Veteran	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Domestic Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Homeless certification:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
At Risk of Homelessness Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Permanent Disability Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Household Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Luzerne County Residency Requirement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

If yes, how long? **6 months** _____

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other

SERVICE/ASSISTANCE:

<input type="checkbox"/> Case Management	<input type="checkbox"/> Child Care	<input type="checkbox"/> Clothing
<input type="checkbox"/> Drug & Alcohol Counseling	<input type="checkbox"/> Educational Activities	<input type="checkbox"/> Employment Assistance
<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Housing Counseling	<input type="checkbox"/> Housing Placement Assistance
<input type="checkbox"/> Income	<input type="checkbox"/> Information & Referral	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Medical Care	<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> Permanent Housing
<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Prescription Assistance	<input type="checkbox"/> Rental Assistance
<input checked="" type="checkbox"/> Shelter	<input type="checkbox"/> Soup Kitchen	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Transportation	<input type="checkbox"/> Traveler's Aid Assistance	<input type="checkbox"/> Utility assistance
<input type="checkbox"/> Other, please list: _____		

Luzerne County CoC Program Information Sheet

Program Name: St. Ann PSHP

Agency: Catholic Social Services- Hazleton

Address: 214 W. Walnut St./33 East Northampton St City: Hazleton/Wilkes-Barre

Program Contact Person: John Baumgartner or Andrew Ball Phone Number: 570-455-1521/570-822-7118

Fax Number: 570-455-2707/570-829-7781 email address: jbaumgrtner@csshazleton.org or Aball@csswb.org

Hours of Operation: 9-5, Monday through Friday

Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

Single male,18 and older Single female,18 and older
 two parent families with child (children) Female parent with child (children)
 Male parent with child (children) Unaccompanied youth
 Children only Other, explain: _____

Eligibility requirements:

Veteran	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Domestic Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Homeless certification:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
At Risk of Homelessness Certification	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Permanent Disability Certification	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Household Income	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Luzerne County Residency Requirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

If yes, how long? _____

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other

SERVICE/ASSISTANCE- please check the primary services your agency or program provides to **ALL homeless populations in Luzerne County, not only to your participants:**

<input type="checkbox"/> Case Management	<input type="checkbox"/> Child Care	<input type="checkbox"/> Clothing
<input type="checkbox"/> Drug & Alcohol Counseling	<input type="checkbox"/> Educational Activities	<input type="checkbox"/> Employment Assistance
<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Housing Counseling	<input type="checkbox"/> Housing Placement Assistance
<input type="checkbox"/> Income	<input type="checkbox"/> Information & Referral	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Medical Care	<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> Permanent Housing
<input checked="" type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Prescription Assistance	<input type="checkbox"/> Rental Assistance
<input type="checkbox"/> Shelter	<input type="checkbox"/> Soup Kitchen	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Transportation	<input type="checkbox"/> Traveler's Aid Assistance	<input type="checkbox"/> Utility assistance
<input type="checkbox"/> Other, please list: _____		

Luzerne County CoC Program Information Sheet

Program Name: Divine Providence Shelter

Agency: Catholic Social Services- Hazleton

Address: 214 W. Walnut St. City: Hazleton

Program Contact Person: Amanda Deisroth Phone Number: 570-455-1521

Fax Number: 570-459-2528 email address: adeisroth@csshazleton.org

Hours of Operation: Daily, 7 p.m. to 8 a.m.

Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Single male,18 and older | <input checked="" type="checkbox"/> Single female,18 and older |
| <input type="checkbox"/> Two parent family with child (children) | <input type="checkbox"/> Female parent with child (children) |
| <input type="checkbox"/> Male parent with child (children) | <input type="checkbox"/> Unaccompanied youth |
| <input type="checkbox"/> Children only | <input type="checkbox"/> Other, explain: _____ |

Eligibility requirements:

- | | | | |
|---------------------------------------|---|-----------------------------|-----------------------------|
| Veteran | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Domestic Violence | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Homeless certification: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| At Risk of Homelessness Certification | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Permanent Disability Certification | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Household Income | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Luzerne County Residency Requirement | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

If yes, how long? 6 months

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other

SERVICE/ASSISTANCE- please check the primary services your agency or program provides to ALL homeless populations in Luzerne County, not only to your participants:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Child Care | <input checked="" type="checkbox"/> Clothing |
| <input type="checkbox"/> Drug & Alcohol Counseling | <input type="checkbox"/> Educational Activities | <input checked="" type="checkbox"/> Employment Assistance |
| <input checked="" type="checkbox"/> Food Pantry | <input checked="" type="checkbox"/> Housing Counseling | <input checked="" type="checkbox"/> Housing Placement Assistance |
| <input type="checkbox"/> Income | <input checked="" type="checkbox"/> Information & Referral | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Medical Care | <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Permanent Housing |
| <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Prescription Assistance | <input type="checkbox"/> Rental Assistance |
| <input checked="" type="checkbox"/> Shelter | <input type="checkbox"/> Soup Kitchen | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Traveler's Aid Assistance | <input type="checkbox"/> Utility assistance |
| <input type="checkbox"/> Other, please list: <u> </u> | | |

Luzerne County CoC Program Information Sheet

Program Name: Gabriel House

Agency: Catholic Social Services- Wyoming Valley

Address: 13 William St. City: Pittston

Program Contact Person: Eileen Rosentel Phone Number: 570-602-9796

Fax Number: 570-602-8396 email address: erosentel@csswb.org

Hours of Operation: 9-5, Monday through Friday

Affiliation: Private non profit ___ Local Government ___ State Government
 ___ Public Housing Agency ___ Funder ___ Faith- based ___ Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Single male,18 and older | <input checked="" type="checkbox"/> Single female,18 and older |
| <input type="checkbox"/> Two parent family with child (children) | <input checked="" type="checkbox"/> Female parent with child (children) |
| <input type="checkbox"/> Male parent with child (children) | <input type="checkbox"/> Unaccompanied youth |
| <input type="checkbox"/> Children only | <input type="checkbox"/> Other, explain: _____ |

Eligibility requirements:

- | | | | |
|---------------------------------------|---|--------|--------|
| Veteran | ___ Yes | ___ No | ___ NA |
| Domestic Violence | ___ Yes | ___ No | ___ NA |
| Homeless certification: | <input checked="" type="checkbox"/> Yes | ___ No | ___ NA |
| At Risk of Homelessness Certification | <input checked="" type="checkbox"/> Yes | ___ No | ___ NA |
| Permanent Disability Certification | ___ Yes | ___ No | ___ NA |
| Household Income | ___ Yes | ___ No | ___ NA |
| Luzerne County Residency Requirement | ___ Yes | ___ No | ___ NA |

If yes, how long? _____

TYPE OF PROJECT: ___ Emergency Shelter Transitional Housing
 ___ Permanent Supportive Housing ___ Supportive Services ___ Other

SERVICE/ASSISTANCE- please check the primary services your agency or program provides to ALL homeless populations in Luzerne County, not only to your participants:

- | | | |
|----------------------------------|-------------------------------|--|
| ___ Case Management | ___ Child Care | ___ Clothing |
| ___ Drug & Alcohol Counseling | ___ Educational Activities | ___ Employment Assistance |
| ___ Food Pantry | ___ Housing Counseling | ___ Housing Placement Assistance |
| ___ Income | ___ Information & Referral | ___ Legal Services |
| ___ Medical Care | ___ Mental Health Counseling | ___ Permanent Housing |
| ___ Permanent Supportive Housing | ___ Prescription Assistance | ___ Rental Assistance |
| ___ Shelter | ___ Soup Kitchen | <input checked="" type="checkbox"/> Transitional Housing |
| ___ Transportation | ___ Traveler's Aid Assistance | ___ Utility assistance |
| ___ Other, please list: _____ | | |

Luzerne County CoC Program Information Sheet

Program Name: Holy Family Housing

Agency: Catholic Social Services

Address: 13 William St. City: Pittston

Program Contact Person: Eileen Rosentel Phone Number: 570-602-9796

Fax Number: 570-602-8396 email address: erosentel@csswb.org

Hours of Operation: 9-5, Monday through Friday

Affiliation: Private non profit ___ Local Government ___ State Government
___ Public Housing Agency ___ Funder ___ Faith- based ___ Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

___ Single male,18 and older ___ Single female,18 and older
 two parent families with child (children) Female parent with child (children)
 Male parent with child (children) ___ Unaccompanied youth
___ Children only ___ Other, explain: _____

Eligibility requirements:

Veteran	___ Yes	___ No	___ NA
Domestic Violence	___ Yes	___ No	___ NA
Homeless certification:	<input checked="" type="checkbox"/> Yes	___ No	___ NA
At Risk of Homelessness Certification	___ Yes	___ No	___ NA
Permanent Disability Certification	___ Yes	___ No	___ NA
Household Income	___ Yes	___ No	___ NA
Luzerne County Residency Requirement	<input checked="" type="checkbox"/> Yes	___ No	___ NA

If yes, how long? 6 months

TYPE OF PROJECT: ___ Emergency Shelter ___ Transitional Housing
___ Permanent Supportive Housing ___ Supportive Services **Rapid ReHousing**
___ Other

SERVICE/ASSISTANCE- please check the primary services your agency or program provides to **ALL homeless populations in Luzerne County, not only to your participants:**

<input checked="" type="checkbox"/> Case Management	___ Child Care	___ Clothing
___ Drug & Alcohol Counseling	___ Educational Activities	___ Employment Assistance
___ Food Pantry	<input checked="" type="checkbox"/> Housing Counseling	___ Housing Placement Assistance
___ Income	<input checked="" type="checkbox"/> Information & Referral	___ Legal Services
___ Medical Care	___ Mental Health Counseling	<input checked="" type="checkbox"/> Permanent Housing
___ Permanent Supportive Housing	___ Prescription Assistance	<input checked="" type="checkbox"/> Rental Assistance
___ Shelter	___ Soup Kitchen	___ Transitional Housing
___ Transportation	___ Traveler's Aid Assistance	___ Utility assistance
___ Other, please list: _____		

Luzerne County CoC Program Information Sheet

Program Name: RRH-1
 Agency: Catholic Social Services
 Address: 33 E Northampton St. City: WB
 Program Contact Person: Andrew Ball Phone Number: 570-822-7118
 Fax Number: 570-829-7781 email address: aball@csswb.org
 Hours of Operation: 9-5, Monday through Friday
Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

Single male,18 and older Single female,18 and older
 Two parent family with child (children) Female parent with child (children)
 Male parent with child (children) Unaccompanied youth
 Children only Other, explain: _____

Eligibility requirements:

Veteran	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Domestic Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Homeless certification:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
At Risk of Homelessness Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Permanent Disability Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Household Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Luzerne County Residency Requirement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

If yes, how long? _____

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services **Rapid ReHousing**
 Other

SERVICE/ASSISTANCE- please check the primary services your agency or program provides to ALL homeless populations in Luzerne County, not only to your participants:

<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Child Care	<input type="checkbox"/> Clothing
<input type="checkbox"/> Drug & Alcohol Counseling	<input type="checkbox"/> Educational Activities	<input type="checkbox"/> Employment Assistance
<input type="checkbox"/> Food Pantry	<input checked="" type="checkbox"/> Housing Counseling	<input type="checkbox"/> Housing Placement Assistance
<input type="checkbox"/> Income	<input checked="" type="checkbox"/> Information & Referral	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Medical Care	<input type="checkbox"/> Mental Health Counseling	<input checked="" type="checkbox"/> Permanent Housing
<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Prescription Assistance	<input checked="" type="checkbox"/> Rental Assistance
<input type="checkbox"/> Shelter	<input type="checkbox"/> Soup Kitchen	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Transportation	<input type="checkbox"/> Traveler's Aid Assistance	<input type="checkbox"/> Utility assistance

Other, please list: _____

Luzerne County CoC Program Information Sheet

Program Name: Mother Teresa's Haven
 Agency: Catholic Social Services- Wyoming Valley
 Address: 39 East Jackson Street City: Wilkes-Barre
 Program Contact Person: Harry Lyons Phone Number: 570-825-9948
 Fax Number: 570-829-7781 email address: mothertereahaven@csswb.org
 Hours of Operation: 8:30 to 4:30, Monday through Friday
Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

Single male, 18 and older Single female, 18 and older
 Two parent family with child (children) Female parent with child (children)
 Male parent with child (children) Unaccompanied youth
 Children only Other, explain: _____

Eligibility requirements:

Veteran	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Domestic Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Homeless certification:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
At Risk of Homelessness Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Permanent Disability Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Household Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Luzerne County Residency Requirement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

If yes, how long? 6 months

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other

SERVICE/ASSISTANCE- please check the primary services your agency or program provides to ALL homeless populations in Luzerne County, not only to your participants:

<input type="checkbox"/> Case Management	<input type="checkbox"/> Child Care	<input type="checkbox"/> Clothing
<input type="checkbox"/> Drug & Alcohol Counseling	<input type="checkbox"/> Educational Activities	<input type="checkbox"/> Employment Assistance
<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Housing Counseling	<input type="checkbox"/> Housing Placement Assistance
<input type="checkbox"/> Income	<input type="checkbox"/> Information & Referral	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Medical Care	<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> Permanent Housing
<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Prescription Assistance	<input type="checkbox"/> Rental Assistance
<input checked="" type="checkbox"/> Shelter	<input type="checkbox"/> Soup Kitchen	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Transportation	<input type="checkbox"/> Traveler's Aid Assistance	<input type="checkbox"/> Utility assistance

Other, please list: _____

Luzerne County CoC Program Information Sheet

Program Name: Mother Teresa's Haven PSHP
Agency: Catholic Social Services- Wyoming Valley
Address: 33 E. Northampton Street City: Wilkes-Barre
Program Contact Person: Harry Lyons Phone Number: 570-825-9948
Fax Number: 570-829-7781 email address: hlyons@csswb.org
Hours of Operation: 8:30 to 4:30, Monday through Friday
Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

Single male, 18 and older Single female, 18 and older
 Two parent family with child (children) Female parent with child (children)
 Male parent with child (children) Unaccompanied youth
 Children only Other, explain: _____

Eligibility requirements:

Veteran	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Domestic Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Homeless certification:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
At Risk of Homelessness Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Permanent Disability Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Household Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Luzerne County Residency Requirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

If yes, how long? _____

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other

SERVICE/ASSISTANCE- please check the primary services your agency or program provides to ALL homeless populations in Luzerne County, not only to your participants:

<input type="checkbox"/> Case Management	<input type="checkbox"/> Child Care	<input type="checkbox"/> Clothing
<input type="checkbox"/> Drug & Alcohol Counseling	<input type="checkbox"/> Educational Activities	<input type="checkbox"/> Employment Assistance
<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Housing Counseling	<input type="checkbox"/> Housing Placement Assistance
<input type="checkbox"/> Income	<input type="checkbox"/> Information & Referral	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Medical Care	<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> Permanent Housing
<input checked="" type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Prescription Assistance	<input type="checkbox"/> Rental Assistance
<input type="checkbox"/> Shelter	<input type="checkbox"/> Soup Kitchen	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Transportation	<input type="checkbox"/> Traveler's Aid Assistance	<input type="checkbox"/> Utility assistance
<input type="checkbox"/> Other, please list: _____		

Luzerne County CoC Program Information Sheet

Program Name: St. Hedwig's Veterans Village

Agency: Catholic Social Services- Wyoming Valley

Address: 207 Zerby Ave. City: Edwardsville

Program Contact Person: Luke Malonis Phone Number: 570-714-8862

Fax Number: 570-714-8862 email address: hlyons@csswb.org

Hours of Operation: 9-5, Monday through Friday

Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

Single male,18 and older Single female,18 and older
 two parent families with child (children) Female parent with child (children)
 Male parent with child (children) Unaccompanied youth
 Children only Other, explain: _____

Eligibility requirements:

Veteran	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Domestic Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Homeless certification:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
At Risk of Homelessness Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Permanent Disability Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Household Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Luzerne County Residency Requirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

If yes, how long? _____

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other

SERVICE/ASSISTANCE- please check the primary services your agency or program provides to **ALL homeless populations in Luzerne County, not only to your participants:**

<input type="checkbox"/> Case Management	<input type="checkbox"/> Child Care	<input type="checkbox"/> Clothing
<input type="checkbox"/> Drug & Alcohol Counseling	<input type="checkbox"/> Educational Activities	<input type="checkbox"/> Employment Assistance
<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Housing Counseling	<input type="checkbox"/> Housing Placement Assistance
<input type="checkbox"/> Income	<input type="checkbox"/> Information & Referral	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Medical Care	<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> Permanent Housing
<input checked="" type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Prescription Assistance	<input type="checkbox"/> Rental Assistance
<input type="checkbox"/> Shelter	<input type="checkbox"/> Soup Kitchen	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Transportation	<input type="checkbox"/> Traveler's Aid Assistance	<input type="checkbox"/> Utility assistance

Other, please list: _____

Luzerne County CoC Program Information Sheet

Program Name: Veterans Permanent Supportive Housing Program (VA PSHP)

Agency: Catholic Social Services- Wyoming Valley

Address: 207 Zerby Ave City: Kingston

Program Contact Person: Luke Malonis Phone Number: 570-906-0764

Fax Number: _____ email address: lmalonis@csswb.org

Hours of Operation: 9-5, Monday through Friday

Affiliation: Private non profit ___ Local Government ___ State Government
 ___ Public Housing Agency ___ Funder ___ Faith- based ___ Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

<input checked="" type="checkbox"/> Single male,18 and older	<input checked="" type="checkbox"/> Single female,18 and older
<input checked="" type="checkbox"/> two parent families with child (children)	<input checked="" type="checkbox"/> Female parent with child (children)
<input checked="" type="checkbox"/> Male parent with child (children)	___ Unaccompanied youth
___ Children only	___ Other, explain: _____

Eligibility requirements:

Veteran	<input checked="" type="checkbox"/> Yes	___ No	___ NA
Domestic Violence	___ Yes	___ No	___ NA
Homeless certification:	<input checked="" type="checkbox"/> Yes	___ No	___ NA
At Risk of Homelessness Certification	___ Yes	___ No	___ NA
Permanent Disability Certification	<input checked="" type="checkbox"/> Yes	___ No	___ NA
Household Income	___ Yes	___ No	___ NA
Luzerne County Residency Requirement	___ Yes	___ No	___ NA

If yes, how long? _____

TYPE OF PROJECT: ___ Emergency Shelter ___ Transitional Housing
 Permanent Supportive Housing ___ Supportive Services ___ Other

SERVICE/ASSISTANCE- please check the primary services your agency or program provides to **ALL homeless populations in Luzerne County, not only to your participants:**

___ Case Management	___ Child Care	___ Clothing
___ Drug & Alcohol Counseling	___ Educational Activities	___ Employment Assistance
___ Food Pantry	___ Housing Counseling	___ Housing Placement Assistance
___ Income	___ Information & Referral	___ Legal Services
___ Medical Care	___ Mental Health Counseling	___ Permanent Housing
<input checked="" type="checkbox"/> Permanent Supportive Housing	___ Prescription Assistance	___ Rental Assistance
___ Shelter	___ Soup Kitchen	___ Transitional Housing
___ Transportation	___ Traveler's Aid Assistance	___ Utility assistance
___ Other, please list: _____		

Luzerne County CoC Program Information Sheet

Program Name: CYC Homeless Child Care

Agency: Catholic Youth Center

Address: 36 S. Washington St. City: Wilkes-Barre

Program Contact Person: Mark Soprano Phone Number: 570-823-6121

Fax Number: 570-826-0175 email address: msoprano@wyomingvalleycyc.org

Hours of Operation: 24/7

Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

Single male,18 and older Single female,18 and older
 Two parent family with child (children) Female parent with child (children)
 Male parent with child (children) Unaccompanied youth
 Children only Other, explain: _____

Eligibility requirements:

Veteran	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Domestic Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Homeless certification:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
At Risk of Homelessness Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Permanent Disability Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Household Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Luzerne County Residency Requirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

If yes, how long? _____

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other

SERVICE/ASSISTANCE- please check the primary services your agency or program provides to **ALL homeless populations in Luzerne County, not only to your participants:**

<input type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Child Care	<input type="checkbox"/> Clothing
<input type="checkbox"/> Drug & Alcohol Counseling	<input type="checkbox"/> Educational Activities	<input type="checkbox"/> Employment Assistance
<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Housing Counseling	<input type="checkbox"/> Housing Placement Assistance
<input type="checkbox"/> Income	<input type="checkbox"/> Information & Referral	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Medical Care	<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> Permanent Housing
<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Prescription Assistance	<input type="checkbox"/> Rental Assistance
<input type="checkbox"/> Shelter	<input type="checkbox"/> Soup Kitchen	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Transportation	<input type="checkbox"/> Traveler's Aid Assistance	<input type="checkbox"/> Utility assistance
<input type="checkbox"/> Other, please list: _____		

Luzerne County CoC Program Information Sheet

Program Name: **Luzerne County HMIS**

Agency: **Commission on Economic Opportunity**

Address: **P.O. Box 1127, 165 Amber Lane** City: **Wilkes-Barre**

Program Contact Person: **Barbara Gomb** Phone Number: **570-826-0510, ext. 250**

Fax Number: **570-829-1665** email address: **bgomb@ceopeoplehelpingpeople.org**

Hours of Operation: **8:30 to 5, Monday through Friday**

Affiliation: Private non profit ___ Local Government ___ State Government
___ Public Housing Agency ___ Funder ___ Faith- based ___ Business

PROGRAM DESCRIPTION

Population to be served, check all that apply: Not Applicable

___ Single male,18 and older	___ Single female,18 and older
___ Two parent family with child (children)	___ Female parent with child (children)
___ Male parent with child (children)	___ Unaccompanied youth
___ Children only	___ Other, explain: _____

Eligibility requirements: Not Applicable.

Veteran	___	Yes	___	No	___	NA
Domestic Violence	___	Yes	___	No	___	NA
Homeless certification:	___	Yes	___	No	___	NA
At Risk of Homelessness Certification	___	Yes	___	No	___	NA
Permanent Disability Certification	___	Yes	___	No	___	NA
Household Income	___	Yes	___	No	___	NA
Luzerne County Residency Requirement	___	Yes	___	No	___	NA

If yes, how long? _____

TYPE OF PROJECT: ___ Emergency Shelter ___ Transitional Housing
___ Permanent Supportive Housing ___ Supportive Services Other- HMIS

SERVICE/ASSISTANCE:

___ Case Management	___ Child Care	___ Clothing
___ Drug & Alcohol Counseling	___ Educational Activities	___ Employment Assistance
___ Food Pantry	___ Housing Counseling	___ Housing Placement Assistance
___ Income	___ Information & Referral	___ Legal Services
___ Medical Care	___ Mental Health Counseling	___ Permanent Housing
___ Permanent Supportive Housing	___ Prescription Assistance	___ Rental Assistance
___ Shelter	___ Soup Kitchen	___ Transitional Housing
___ Transportation	___ Traveler's Aid Assistance	___ Utility assistance

Other, please list: **CoC Data Collection and Evaluation System.**

Luzerne County CoC Program Information Sheet

Program Name: **CEO Services**

Agency: **Commission on Economic Opportunity**

Address: **P.O. Box 1127, 165 Amber Lane** City: **Wilkes-Barre**

Program Contact Person: **Barbara Gomb** Phone Number: **570-826-0510, ext. 250**

Fax Number: **570-829-1665** email address: **bgomb@ceopeoplehelpingpeople.org**

Hours of Operation: **8:30 to 5, Monday through Friday**

Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply: **Not Applicable**

<input checked="" type="checkbox"/> Single male,18 and older	<input checked="" type="checkbox"/> Single female,18 and older
<input checked="" type="checkbox"/> two parent families with child (children)	<input checked="" type="checkbox"/> Female parent with child (children)
<input checked="" type="checkbox"/> Male parent with child (children)	<input type="checkbox"/> Unaccompanied youth
<input type="checkbox"/> Children only	<input type="checkbox"/> Other, explain: _____

Eligibility requirements:

Veteran	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Domestic Violence	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Homeless certification:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
At Risk of Homelessness Certification	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Permanent Disability Certification	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Household Income	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Luzerne County Residency Requirement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

If yes, how long? **At least one year**

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other _____

SERVICE/ASSISTANCE:

<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Child Care	<input type="checkbox"/> Clothing
<input type="checkbox"/> Drug & Alcohol Counseling	<input type="checkbox"/> Educational Activities	<input checked="" type="checkbox"/> Employment Assistance
<input checked="" type="checkbox"/> Food Pantry	<input checked="" type="checkbox"/> Housing Counseling	<input checked="" type="checkbox"/> Housing Placement Assistance
<input type="checkbox"/> Income	<input checked="" type="checkbox"/> Information & Referral	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Medical Care	<input type="checkbox"/> Mental Health Counseling	<input checked="" type="checkbox"/> Permanent Housing
<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Prescription Assistance	<input checked="" type="checkbox"/> Rental Assistance
<input checked="" type="checkbox"/> Shelter - limited basis	<input type="checkbox"/> Soup Kitchen	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Traveler's Aid Assistance	<input checked="" type="checkbox"/> Utility assistance

Other, please list: will assess on case by case basis for services and authorization by CEO for any service listed above is subject to eligibility and the availability of funding.

Luzerne County CoC Program Information Sheet

Program Name: **CEO Supportive Services for Veterans Families (SSVF)**

Agency: **Commission on Economic Opportunity**

Address: **P.O. Box 1127, 165 Amber Lane** City: **Wilkes-Barre**

Program Contact Person: **Ian Hughes** Phone Number: **570-826-0510, ext. 235**

Fax Number: **570-829-1665** email address: **ihughes@ceopeoplehelpingpeople.org**

Hours of Operation: **8:30 to 5, Monday through Friday**

Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply: Not Applicable

- | | |
|---|---|
| <input checked="" type="checkbox"/> Single male,18 and older | <input checked="" type="checkbox"/> Single female,18 and older |
| <input checked="" type="checkbox"/> two parent families with child (children) | <input checked="" type="checkbox"/> Female parent with child (children) |
| <input checked="" type="checkbox"/> Male parent with child (children) | <input type="checkbox"/> Unaccompanied youth |
| <input type="checkbox"/> Children only | <input type="checkbox"/> Other, explain: _____ |

- | | | | |
|---|---|-----------------------------|-----------------------------|
| <u>Veteran- a must</u> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Domestic Violence- considered | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Homeless certification: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| At Risk of Homelessness Certification | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Permanent Disability Certification- considered | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Household Income | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Luzerne County Residency Requirement | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

If yes, how long? **At least one year, but will consider eligible Veteran from VA**

Service Area.

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other _____

SERVICE/ASSISTANCE:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Child Care | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Drug & Alcohol Counseling | <input type="checkbox"/> Educational Activities | <input checked="" type="checkbox"/> Employment Assistance |
| <input type="checkbox"/> Food Pantry | <input checked="" type="checkbox"/> Housing Counseling | <input checked="" type="checkbox"/> Housing Placement Assistance |
| <input type="checkbox"/> Income | <input checked="" type="checkbox"/> Information & Referral | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Medical Care | <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Permanent Housing |
| <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Prescription Assistance | <input checked="" type="checkbox"/> Rental Assistance |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Soup Kitchen | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Traveler's Aid Assistance | <input checked="" type="checkbox"/> Utility assistance |
| <input type="checkbox"/> Other, please list: _____ | | |

Luzerne County CoC Program Information Sheet

Program Name: **CEO Permanent Supportive Housing Services**
 Agency: **Commission on Economic Opportunity**
 Address: **P.O. Box 1127, 165 Amber Lane** City: **Wilkes-Barre**
 Program Contact Person: **Barbara Gomb** Phone Number: **570-826-0510, ext. 250**
 Fax Number: **570-829-1665** email address: **bgomb@ceopeoplehelpingpeople.org**
 Hours of Operation: **8:30 to 5, Monday through Friday**
Affiliation: Private non profit ___ Local Government ___ State Government
 ___ Public Housing Agency ___ Funder ___ Faith- based ___ Business

PROGRAM DESCRIPTION

Population to be served, check all that apply: **Not Applicable**

<input checked="" type="checkbox"/> Single male, 18 and older	<input checked="" type="checkbox"/> Single female, 18 and older
<input checked="" type="checkbox"/> two parent families with child (children)	<input checked="" type="checkbox"/> Female parent with child (children)
<input checked="" type="checkbox"/> Male parent with child (children)	___ Unaccompanied youth
___ Children only	___ Other, explain: _____

Eligibility requirements:

Veteran	<input checked="" type="checkbox"/> Yes	___ No	___ NA
Domestic Violence	<input checked="" type="checkbox"/> Yes	___ No	___ NA
Homeless certification- <u>a must</u>	<input checked="" type="checkbox"/> Yes	___ No	___ NA
At Risk of Homelessness Certification	<input checked="" type="checkbox"/> Yes	___ No	___ NA
Permanent Disability Certification- <u>a must</u>	<input checked="" type="checkbox"/> Yes	___ No	___ NA
Household Income	<input checked="" type="checkbox"/> Yes	___ No	___ NA
Luzerne County Residency Requirement	<input checked="" type="checkbox"/> Yes	___ No	___ NA

If yes, how long? **At least one year**

TYPE OF PROJECT: ___ Emergency Shelter ___ Transitional Housing
 Permanent Supportive Housing ___ Supportive Services ___ Other _____

SERVICE/ASSISTANCE:

___ Case Management	___ Child Care	___ Clothing
___ Drug & Alcohol Counseling	___ Educational Activities	___ Employment Assistance
___ Food Pantry	___ Housing Counseling	___ Housing Placement Assistance
___ Income	___ Information & Referral	___ Legal Services
___ Medical Care	___ Mental Health Counseling	___ Permanent Housing
<input checked="" type="checkbox"/> Permanent Supportive Housing	___ Prescription Assistance	___ Rental Assistance
___ Shelter - limited basis	___ Soup Kitchen	___ Transitional Housing
___ Transportation	___ Traveler's Aid Assistance	___ Utility assistance
___ Other, please list: _____.		

Luzerne County CoC Program Information Sheet

Program Name: **CEO VA Transitional Housing –Rev. Edward P. Nolan Residence and William Cherkes Residence**

Agency: **Commission on Economic Opportunity**

Address: **165 Amber Lane** City: **Wilkes-Barre**

Program Contact Person: **Kermit Douglas** Phone Number: **570-822-1078 or 570-826-0510**

Fax Number: **570-822-1078** email address: **kdouglas@ceopeoplehelpingpeople.org**

Hours of Operation: **8:00 to 5, Monday through Friday**

Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Single male, 18 and older | <input checked="" type="checkbox"/> Single female, 18 and older |
| <input type="checkbox"/> Two parent family with child (children) | <input type="checkbox"/> Female parent with child (children) |
| <input type="checkbox"/> Male parent with child (children) | <input type="checkbox"/> Unaccompanied youth |
| <input type="checkbox"/> Children only | <input type="checkbox"/> Other, explain: _____ |

- | | | | |
|---|---|-----------------------------|--|
| <u>Veteran- a must</u> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Domestic Violence- considered | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Homeless certification: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| At Risk of Homelessness Certification | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> NA |
| Permanent Disability Certification- considered | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Household Income | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Luzerne County Residency Requirement | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

If yes, how long? **At least one year, but will consider eligible Veteran from VA**

Service Area.

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other _____

SERVICE/ASSISTANCE:

- | | | |
|---|--|--|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Child Care | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Drug & Alcohol Counseling | <input type="checkbox"/> Educational Activities | <input type="checkbox"/> Employment Assistance |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Housing Counseling | <input type="checkbox"/> Housing Placement Assistance |
| <input type="checkbox"/> Income | <input type="checkbox"/> Information & Referral | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Medical Care | <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Permanent Housing |
| <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Prescription Assistance | <input type="checkbox"/> Rental Assistance |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Soup Kitchen | <input checked="" type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Traveler's Aid Assistance | <input type="checkbox"/> Utility assistance |
| <input type="checkbox"/> Other, please list: _____ | | |

Luzerne County CoC Program Information Sheet

Program Name: **The Wright Center for Community Health**

Agency: **Children's Service Center**

Address: **335 S. Franklin St.** City: **Wilkes-Barre**

Program Contact Person: **Laurie Lane** Phone Number: **570-591-5283**

Fax Number: **570-230-0013** email address: **Laurie_Lane@chs.net**

Hours of Operation: **Monday – Friday 8:30 AM – 5 PM**

Affiliation: ___ Private non profit ___ Local Government ___ State Government
 ___ Public Housing Agency ___ Funder ___ Faith- based ___ Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Single male, 18 and older | <input checked="" type="checkbox"/> Single female, 18 and older |
| <input checked="" type="checkbox"/> Two parent family with child (children) | <input checked="" type="checkbox"/> Female parent with child (children) |
| <input checked="" type="checkbox"/> Male parent with child (children) | ___ Unaccompanied youth |
| ___ Children only | ___ Other, explain: _____ |

Eligibility requirements:

- | | | | |
|---------------------------------------|---------|--------|--------|
| Veteran | ___ Yes | ___ No | ___ NA |
| Domestic Violence | ___ Yes | ___ No | ___ NA |
| Homeless certification: | ___ Yes | ___ No | ___ NA |
| At Risk of Homelessness Certification | ___ Yes | ___ No | ___ NA |
| Permanent Disability Certification | ___ Yes | ___ No | ___ NA |
| Household Income | ___ Yes | ___ No | ___ NA |
| Luzerne County Residency Requirement | ___ Yes | ___ No | ___ NA |

If yes, how long? _____

TYPE OF PROJECT: ___ Emergency Shelter ___ Transitional Housing
 ___ Permanent Supportive Housing Supportive Services ___ Other

SERVICE/ASSISTANCE:

- | | | |
|----------------------------------|--|----------------------------------|
| ___ Case Management | ___ Child Care | ___ Clothing |
| ___ Drug & Alcohol Counseling | ___ Educational Activities | ___ Employment Assistance |
| ___ Food Pantry | ___ Housing Counseling | ___ Housing Placement Assistance |
| ___ Income | ___ Information & Referral | ___ Legal Services |
| ___ Medical Care | <input checked="" type="checkbox"/> Mental Health Counseling | ___ Permanent Housing |
| ___ Permanent Supportive Housing | ___ Prescription Assistance | ___ Rental Assistance |
| ___ Shelter | ___ Soup Kitchen | ___ Transitional Housing |
| ___ Transportation | ___ Traveler's Aid Assistance | ___ Utility assistance |
| ___ Other, please list: _____ | | |

Luzerne County CoC Program Information Sheet

Program Name: **Department of Human Services-Luzerne CAO**

Agency: **DPW/Luzerne Co. Assistance Office**

Address: **205 S. Washington St.** City: **Wilkes-Barre**

Program Contact Person: **Karl Polt** Phone Number: **570-826-2278**

Fax Number: **570-820-4876** email address: **kpolt@state.gov**

Hours of Operation: **Monday-Friday 8AM-5PM**

Affiliation: ___ Private non profit ___ Local Government ___ State Government
___ Public Housing Agency ___ Funder ___ Faith- based ___ Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

___ Single male,18 and older ___ Single female,18 and older
___ Two parent family with child (children) ___ Female parent with child (children)
___ Male parent with child (children) ___ Unaccompanied youth
___ Children only ___ Other, explain: **SNAP, Public Assistance, Medical Assistance**

Eligibility requirements:

Veteran	___ Yes	___ No	___ NA
Domestic Violence	___ Yes	___ No	___ NA
Homeless certification:	___ Yes	___ No	___ NA
At Risk of Homelessness Certification	___ Yes	___ No	___ NA
Permanent Disability Certification	___ Yes	___ No	___ NA
Household Income	___ <input checked="" type="checkbox"/> Yes	___ No	___ NA
Luzerne County Residency Requirement	___ Yes	___ No	___ NA

If yes, how long? _____

TYPE OF PROJECT: ___ Emergency Shelter ___ Transitional Housing
___ Permanent Supportive Housing ___ Supportive Services ___ Other

SERVICE/ASSISTANCE:

___ Case Management ___ Child Care ___ Clothing
___ Drug & Alcohol Counseling ___ Educational Activities ___ Employment Assistance
___ Food Pantry ___ Housing Counseling ___ Housing Placement Assistance
___ Income ___ Information & Referral ___ Legal Services
___ Medical Care ___ Mental Health Counseling ___ Permanent Housing
___ Permanent Supportive Housing ___ Prescription Assistance ___ Rental Assistance
___ Shelter ___ Soup Kitchen ___ Transitional Housing
___ Transportation ___ Traveler's Aid Assistance ___ Utility assistance
___ Other, please list: **SNAP, Medical Assistance, Cash Assistance, LIHEAP**

Luzerne County CoC Program Information Sheet

Program Name: **Domestic Violence Program; Bridge Housing Program**

Agency: **Domestic Violence Service Center, Inc.**

Address: **P.O. Box 2177** City: **Wilkes-Barre**

Program Contact Person: **Paula Triano** Phone Number: **570 823 6799**

Fax Number: **570-821-0475** email address: **ptriano@dvsclc.org**

Hours of Operation: **24/7**

Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

Single male, 18 and older Single female, 18 and older
 Two parent family with child (children) Female parent with child (children)
 Male parent with child (children) Unaccompanied youth
 Children only Other, explain: _____

Eligibility requirements:

Veteran	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Domestic Violence	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Homeless certification:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
At Risk of Homelessness Certification	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Permanent Disability Certification	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Household Income	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Luzerne County Residency Requirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

If yes, how long? **Program and funding source specific** _____

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other

SERVICE/ASSISTANCE:

Case Management Child Care Clothing
 Drug & Alcohol Counseling Educational Activities Employment Assistance
 Food Pantry Housing Counseling Housing Placement Assistance
 Income Information & Referral Legal Services
 Medical Care Mental Health Counseling Permanent Housing
 Permanent Supportive Housing Prescription Assistance Rental Assistance
 Shelter Soup Kitchen Transitional Housing
 Transportation Traveler's Aid Assistance Utility assistance
 Other, please list: _____

Luzerne County CoC Program Information Sheet

Program Name: **Domestic Violence, Bridge Housing, See Yourself Succeed Programs**

Agency: **Domestic Violence Service Center, Inc.**

Address: **P.O. Box 2177** City: **Wilkes-Barre**

Program Contact Person: **Paula Triano** Phone Number: **570-823-6799**

Fax Number: **570-821-0475** email address: **ptriano@dvsclc.org**

Hours of Operation: **24/7**

Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

Single male,18 and older Single female,18 and older
 Two parent family with child (children) Female parent with child (children)
 Male parent with child (children) Unaccompanied youth
 Children only Other, explain: _____

Eligibility requirements:

Veteran	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Domestic Violence	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Homeless certification:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
At Risk of Homelessness Certification	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Permanent Disability Certification	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Household Income	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Luzerne County Residency Requirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

If yes, how long? _____

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other

SERVICE/ASSISTANCE:

Case Management Child Care Clothing
 Drug & Alcohol Counseling Educational Activities Employment Assistance
 Food Pantry Housing Counseling Housing Placement Assistance
 Income Information & Referral Legal Services
 Medical Care Mental Health Counseling Permanent Housing
 Permanent Supportive Housing Prescription Assistance Rental Assistance
 Shelter Soup Kitchen Transitional Housing
 Transportation Traveler's Aid Assistance Utility assistance
 Other, please list: _____

Luzerne County CoC Program Information Sheet

Program Name: **HELPLINE**

Agency: **Family Services Association**

Address: **31 W. Market St.** City: **Wilkes-Barre**

Program Contact Person: **Tom Foley** Phone Number: **570-829-1341**

Fax Number: **570-829-5055** email address: **helpline@fsawv.org**

Hours of Operation: **24/7 Emergency Hotline**

Affiliation: ___ Private non profit ___ Local Government ___ State Government
___ Public Housing Agency ___ Funder ___ Faith- based ___ Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

___ Single male,18 and older ___ Single female,18 and older
___ Two parent family with child (children) ___ Female parent with child (children)
___ Male parent with child (children) ___ Unaccompanied youth
___ Children only ___ Other, explain: _____

Eligibility requirements:

Veteran	___ Yes	___ No	___ NA
Domestic Violence	___ Yes	___ No	___ NA
Homeless certification:	___ Yes	___ No	___ NA
At Risk of Homelessness Certification	___ Yes	___ No	___ NA
Permanent Disability Certification	___ Yes	___ No	___ NA
Household Income	___ Yes	___ No	___ NA
Luzerne County Residency Requirement	___ Yes	___ No	___ NA

If yes, how long? _____

TYPE OF PROJECT: ___ Emergency Shelter ___ Transitional Housing
___ Permanent Supportive Housing ___ Supportive Services ___ Other

SERVICE/ASSISTANCE:

___ Case Management ___ Child Care ___ Clothing
___ Drug & Alcohol Counseling ___ Educational Activities ___ Employment Assistance
___ Food Pantry ___ Housing Counseling ___ Housing Placement Assistance
___ Income ___ Information & Referral ___ Legal Services
___ Medical Care ___ Mental Health Counseling ___ Permanent Housing
___ Permanent Supportive Housing ___ Prescription Assistance ___ Rental Assistance
___ Shelter ___ Soup Kitchen ___ Transitional Housing
___ Transportation ___ Traveler's Aid Assistance ___ Utility assistance
___ Other, please list: _____

Luzerne County CoC Program Information Sheet

Program Name: **Housing Authority of the City of Hazleton**

Agency: **Hazleton Housing Authority**

Address: **320 West Mine St.** City: **Hazleton**

Program Contact Person: **Carol Weston** Phone Number: **570-455-9503**

Fax Number: **570-455-8553** email address:

Hours of Operation: **8:30AM – 4PM**

Affiliation: ___ Private non profit ___ Local Government ___ State Government
___ Public Housing Agency ___ Funder ___ Faith- based ___ Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

___ Single male, 18 and older ___ Single female, 18 and older
___ Two parent family with child (children) ___ Female parent with child (children)
___ Male parent with child (children) ___ Unaccompanied youth
___ Children only ___ Other, explain: _____

Eligibility requirements:

Veteran	___ <input checked="" type="checkbox"/> Yes	___ No	___ NA
Domestic Violence	___ <input checked="" type="checkbox"/> Yes	___ No	___ NA
Homeless certification:	___ Yes	<input checked="" type="checkbox"/> No	___ NA
At Risk of Homelessness Certification	___ Yes	<input checked="" type="checkbox"/> No	___ NA
Permanent Disability Certification	___ <input checked="" type="checkbox"/> Yes	___ No	___ NA
Household Income	___ <input checked="" type="checkbox"/> Yes	___ No	___ NA
Luzerne County Residency Requirement	___ <input checked="" type="checkbox"/> Yes	___ No	___ NA

If yes, how long? _____

TYPE OF PROJECT: ___ Emergency Shelter ___ Transitional Housing
___ Permanent Supportive Housing ___ Supportive Services Other

SERVICE/ASSISTANCE:

___ Case Management ___ Child Care ___ Clothing
___ Drug & Alcohol Counseling ___ Educational Activities ___ Employment Assistance
___ Food Pantry ___ Housing Counseling ___ Housing Placement Assistance
___ Income ___ Information & Referral ___ Legal Services
___ Medical Care ___ Mental Health Counseling Permanent Housing
___ Permanent Supportive Housing ___ Prescription Assistance ___ Rental Assistance
___ Shelter ___ Soup Kitchen ___ Transitional Housing
___ Transportation ___ Traveler's Aid Assistance ___ Utility assistance
___ Other, please list: _____

Luzerne County CoC Program Information Sheet

Program Name: **Luzerne County Housing Authority**

Agency: **Housing Authority**

Address: **250 First Ave.** City: **Kingston**

Program Contact Person: _____ Phone Number: **570-287-9661**

Fax Number: _____ email address: _____

Hours of Operation: _____

Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Single male,18 and older | <input type="checkbox"/> Single female,18 and older |
| <input type="checkbox"/> Two parent family with child (children) | <input type="checkbox"/> Female parent with child (children) |
| <input type="checkbox"/> Male parent with child (children) | <input type="checkbox"/> Unaccompanied youth |
| <input type="checkbox"/> Children only | <input type="checkbox"/> Other, explain: _____ |

Eligibility requirements:

- | | | | |
|---------------------------------------|------------------------------|-----------------------------|-----------------------------|
| Veteran | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Domestic Violence | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Homeless certification: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| At Risk of Homelessness Certification | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Permanent Disability Certification | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Household Income | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Luzerne County Residency Requirement | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

If yes, how long? _____

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other

SERVICE/ASSISTANCE:

- | | | |
|---|--|---|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Child Care | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Drug & Alcohol Counseling | <input type="checkbox"/> Educational Activities | <input type="checkbox"/> Employment Assistance |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Housing Counseling | <input type="checkbox"/> Housing Placement Assistance |
| <input type="checkbox"/> Income | <input type="checkbox"/> Information & Referral | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Medical Care | <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Permanent Housing |
| <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Prescription Assistance | <input type="checkbox"/> Rental Assistance |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Soup Kitchen | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Traveler's Aid Assistance | <input type="checkbox"/> Utility assistance |
| <input type="checkbox"/> Other, please list: _____ | | |

Luzerne County CoC Program Information Sheet

Program Name: **Pittston Housing Authority**

Agency: **Housing Authority**

Address: **500 Kennedy Blvd.** City: **Pittston**

Program Contact Person: _____ Phone Number: **570-655-3707**

Fax Number: _____ email address: _____

Hours of Operation: _____

Affiliation: ___ Private non profit ___ Local Government ___ State Government
___ Public Housing Agency ___ Funder ___ Faith- based ___ Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

___ Single male,18 and older ___ Single female,18 and older
___ Two parent family with child (children) ___ Female parent with child (children)
___ Male parent with child (children) ___ Unaccompanied youth
___ Children only ___ Other, explain: _____

Eligibility requirements:

Veteran	___ Yes	___ No	___ NA
Domestic Violence	___ Yes	___ No	___ NA
Homeless certification:	___ Yes	___ No	___ NA
At Risk of Homelessness Certification	___ Yes	___ No	___ NA
Permanent Disability Certification	___ Yes	___ No	___ NA
Household Income	___ Yes	___ No	___ NA
Luzerne County Residency Requirement	___ Yes	___ No	___ NA

If yes, how long? _____

TYPE OF PROJECT: ___ Emergency Shelter ___ Transitional Housing
___ Permanent Supportive Housing ___ Supportive Services ___ Other

SERVICE/ASSISTANCE:

___ Case Management ___ Child Care ___ Clothing
___ Drug & Alcohol Counseling ___ Educational Activities ___ Employment Assistance
___ Food Pantry ___ Housing Counseling ___ Housing Placement Assistance
___ Income ___ Information & Referral ___ Legal Services
___ Medical Care ___ Mental Health Counseling ___ Permanent Housing
___ Permanent Supportive Housing ___ Prescription Assistance ___ Rental Assistance
___ Shelter ___ Soup Kitchen ___ Transitional Housing
___ Transportation ___ Traveler's Aid Assistance ___ Utility assistance
___ Other, please list: _____

Luzerne County CoC Program Information Sheet

Program Name: **Permanent Supportive Housing Program**

Agency: **Housing Development Corporation**

Address: **163 Amber Ln.** City: **Wilkes-Barre**

Program Contact Person: **Kaitlin Crandall** Phone Number: **570-824-4803, ext. 25**

Fax Number: **570-970-9193** email address: **kcrandall@hdcnepa.org**

Hours of Operation: **Monday-Friday 8:30AM-5PM**

Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

Single male, 18 and older Single female, 18 and older
 Two parent family with child (children) Female parent with child (children)
 Male parent with child (children) Unaccompanied youth
 Children only Other, explain: _____

Eligibility requirements:

Veteran	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Domestic Violence	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Homeless certification:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
At Risk of Homelessness Certification	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Permanent Disability Certification	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Household Income	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Luzerne County Residency Requirement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

If yes, how long? 1 year

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other

SERVICE/ASSISTANCE:

<input type="checkbox"/> Case Management	<input type="checkbox"/> Child Care	<input type="checkbox"/> Clothing
<input type="checkbox"/> Drug & Alcohol Counseling	<input type="checkbox"/> Educational Activities	<input type="checkbox"/> Employment Assistance
<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Housing Counseling	<input type="checkbox"/> Housing Placement Assistance
<input type="checkbox"/> Income	<input type="checkbox"/> Information & Referral	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Medical Care	<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> Permanent Housing
<input checked="" type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Prescription Assistance	<input type="checkbox"/> Rental Assistance
<input type="checkbox"/> Shelter	<input type="checkbox"/> Soup Kitchen	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Transportation	<input type="checkbox"/> Traveler's Aid Assistance	<input type="checkbox"/> Utility assistance

Other, please list: _____

Luzerne County CoC Program Information Sheet

Program Name: **Rapid Rehousing for Families**

Agency: **Housing Development Corporation of NEPA**

Address: **163 Amber Lane** City: **Wilkes-Barre**

Program Contact Person: **Kaitlin Crandall** Phone Number: **570-824-4803, ext. 25**

Fax Number: **570-970-9193** email address: **kcrandall@hdcnepa.org**

Hours of Operation:

Affiliation: Private nonprofit ___ Local Government ___ State Government
 ___ Public Housing Agency ___ Funder ___ Faith- based ___ Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

___ Single male,18 and older ___ Single female,18 and older
 Two parent family with child (children) Female parent with child (children)
 Male parent with child (children) ___ Unaccompanied youth
 ___ Children only ___ Other, explain: _____

Eligibility requirements: _____

Veteran	___ Yes	___ <input checked="" type="checkbox"/> No	___ NA
Domestic Violence	___ Yes	___ <input checked="" type="checkbox"/> No	___ NA
Homeless certification:	<input checked="" type="checkbox"/> Yes	___ No	___ NA
At Risk of Homelessness Certification	___ Yes	___ <input checked="" type="checkbox"/> No	___ NA
Permanent Disability Certification	___ Yes	___ <input checked="" type="checkbox"/> No	___ NA
Household Income	<input checked="" type="checkbox"/> Yes	___ No	___ NA
Luzerne County Residency Requirement	<input checked="" type="checkbox"/> Yes	___ No	___ NA

If yes, how long? 12 months

TYPE OF PROJECT: ___ Emergency Shelter ___ Transitional Housing
 ___ Permanent Supportive Housing ___ Supportive Services **Rapid ReHousing**
 ___ Other

SERVICE/ASSISTANCE:

Case Management ___ Child Care ___ Clothing
 ___ Drug & Alcohol Counseling ___ Educational Activities ___ Employment Assistance
 ___ Food Pantry ___ Housing Counseling Housing Placement Assistance
 ___ Income Information & Referral ___ Legal Services
 ___ Medical Care ___ Mental Health Counseling Permanent Housing
 ___ Permanent Supportive Housing ___ Prescription Assistance Rental Assistance
 ___ Shelter ___ Soup Kitchen ___ Transitional Housing
 ___ Transportation ___ Traveler’s Aid Assistance Utility assistance
 ___ Other, please list: _____

Luzerne County CoC Program Information Sheet

Program Name: **Independent Living**

Agency: **Luzerne County Children and Youth**

Address: **111 North Pennsylvania Blvd.** City: **Wilkes-Barre**

Program Contact Person: _____ Phone Number: **570-826-8710**

Fax Number: **570-821-7355** email address: _____

Hours of Operation: **Winter: 8:30AM to 5PM; Summer: 8AM – 4PM**

Affiliation: ___ Private non profit Local Government State Government
 ___ Public Housing Agency ___ Funder ___ Faith- based ___ Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Single male,18 and older | <input checked="" type="checkbox"/> Single female,18 and older |
| <input checked="" type="checkbox"/> Two parent family with child (children) | <input checked="" type="checkbox"/> Female parent with child (children) |
| <input checked="" type="checkbox"/> Male parent with child (children) | <input checked="" type="checkbox"/> Unaccompanied youth |
| <input checked="" type="checkbox"/> Children only | <input checked="" type="checkbox"/> Other, explain |

Eligibility requirements:

- | | | | |
|---------------------------------------|-----------|----------|----------|
| Veteran | _____ Yes | _____ No | _____ NA |
| Domestic Violence | _____ Yes | _____ No | _____ NA |
| Homeless certification: | _____ Yes | _____ No | _____ NA |
| At Risk of Homelessness Certification | _____ Yes | _____ No | _____ NA |
| Permanent Disability Certification | _____ Yes | _____ No | _____ NA |
| Household Income | _____ Yes | _____ No | _____ NA |
| Luzerne County Residency Requirement | _____ Yes | _____ No | _____ NA |

If yes, how long? _____

TYPE OF PROJECT: ___ Emergency Shelter ___ Transitional Housing
 ___ Permanent Supportive Housing Supportive Services Other

SERVICE/ASSISTANCE:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Case Management | ___ Child Care | ___ Clothing |
| ___ Drug & Alcohol Counseling | ___ Educational Activities | ___ Employment Assistance |
| ___ Food Pantry | <input checked="" type="checkbox"/> Housing Counseling | ___ Housing Placement Assistance |
| ___ Income | ___ Information & Referral | ___ Legal Services |
| ___ Medical Care | ___ Mental Health Counseling | ___ Permanent Housing |
| ___ Permanent Supportive Housing | ___ Prescription Assistance | <input checked="" type="checkbox"/> Rental Assistance |
| ___ Shelter | ___ Soup Kitchen | ___ Transitional Housing |
| ___ Transportation | ___ Traveler’s Aid Assistance | <input checked="" type="checkbox"/> Utility assistance |
| ___ Other, please list: _____ | | |

Luzerne County CoC Program Information Sheet

Program Name: **Hope for the Homeless Program**

Agency: **Luzerne County Community College**

Address: **133 S. Prospect St.** City: **Nanticoke**

Program Contact Person: _____ Phone Number: **570-817-2776**

Fax Number: _____ email address: _____

Hours of Operation: **8AM - 9PM**

Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

Single male,18 and older Single female,18 and older
 Two parent family with child (children) Female parent with child (children)
 Male parent with child (children) Unaccompanied youth
 Children only Other, explain: **All ages, career and education/trainings, G.E.D**

Eligibility requirements:

Veteran	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Domestic Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Homeless certification:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
At Risk of Homelessness Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Permanent Disability Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Household Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Luzerne County Residency Requirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

If yes, how long? _____

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other

SERVICE/ASSISTANCE:

Case Management Child Care Clothing
 Drug & Alcohol Counseling Educational Activities Employment Assistance
 Food Pantry Housing Counseling Housing Placement Assistance
 Income Information & Referral Legal Services
 Medical Care Mental Health Counseling Permanent Housing
 Permanent Supportive Housing Prescription Assistance Rental Assistance
 Shelter Soup Kitchen Transitional Housing
 Transportation Traveler's Aid Assistance Utility assistance
 Other, please list: _____

Luzerne County CoC Program Information Sheet

Program Name: Luzerne Intermediate Unit 18 PA's Education for Children and Youth Experiencing Homelessness- Region 7

Agency: Luzerne Intermediate Unit 18

Address: 368 Tioga Ave. City: Kingston

Program Contact Person: Jeff Zimmerman Phone Number: 570-718-4613

Fax Number: 570-287-5721 email address: jzimmerman@liu18.org

Hours of Operation: Monday – Friday 8AM – 3PM

Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

Single male, 18 and older Single female, 18 and older
 Two parent family with child (children) Female parent with child (children)
 Male parent with child (children) Unaccompanied youth
 Children only Other, explain: _____

Eligibility requirements:

Veteran	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Domestic Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Homeless certification:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
At Risk of Homelessness Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Permanent Disability Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Household Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Luzerne County Residency Requirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

If yes, how long? _____

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other

SERVICE/ASSISTANCE:

Case Management Child Care Clothing
 Drug & Alcohol Counseling Educational Activities Employment Assistance
 Food Pantry Housing Counseling Housing Placement Assistance
 Income Information & Referral Legal Services
 Medical Care Mental Health Counseling Permanent Housing
 Permanent Supportive Housing Prescription Assistance Rental Assistance
 Shelter Soup Kitchen Transitional Housing
 Transportation Traveler's Aid Assistance Utility assistance
 Other, please list: _____

Luzerne County CoC Program Information Sheet

Program Name: **Community Development Block Grant and Emergency Solutions Grant**

Agency: **Luzerne County Office of Community Development**

Address: **54 West Union St.** City: **Wilkes-Barre**

Program Contact Person: **Jay Zupa** Phone Number: **570-824-7214**

Fax Number: **570-829-2910** email address: **jay.zupa2@luzernecounty.org**

Hours of Operation: **Monday – Friday 9AM – 4:30PM**

Affiliation: ___ Private non profit **X** ___ Local Government ___ State Government
___ Public Housing Agency **X** ___ Funder ___ Faith- based ___ Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

- | | |
|---|---|
| ___ Single male,18 and older | ___ Single female,18 and older |
| ___ Two parent family with child (children) | ___ Female parent with child (children) |
| ___ Male parent with child (children) | ___ Unaccompanied youth |
| ___ Children only | ___ Other, explain: _____ |

Eligibility requirements:

- | | | | |
|---------------------------------------|---------|--------|--------|
| Veteran | ___ Yes | ___ No | ___ NA |
| Domestic Violence | ___ Yes | ___ No | ___ NA |
| Homeless certification: | ___ Yes | ___ No | ___ NA |
| At Risk of Homelessness Certification | ___ Yes | ___ No | ___ NA |
| Permanent Disability Certification | ___ Yes | ___ No | ___ NA |
| Household Income | ___ Yes | ___ No | ___ NA |
| Luzerne County Residency Requirement | ___ Yes | ___ No | ___ NA |

If yes, how long? _____

TYPE OF PROJECT: ___ Emergency Shelter ___ Transitional Housing
___ Permanent Supportive Housing ___ Supportive Services ___ Other

SERVICE/ASSISTANCE:

- | | | |
|----------------------------------|-------------------------------|----------------------------------|
| ___ Case Management | ___ Child Care | ___ Clothing |
| ___ Drug & Alcohol Counseling | ___ Educational Activities | ___ Employment Assistance |
| ___ Food Pantry | ___ Housing Counseling | ___ Housing Placement Assistance |
| ___ Income | ___ Information & Referral | ___ Legal Services |
| ___ Medical Care | ___ Mental Health Counseling | ___ Permanent Housing |
| ___ Permanent Supportive Housing | ___ Prescription Assistance | ___ Rental Assistance |
| ___ Shelter | ___ Soup Kitchen | ___ Transitional Housing |
| ___ Transportation | ___ Traveler’s Aid Assistance | ___ Utility assistance |
| ___ Other, please list: _____ | | |

Luzerne County CoC Program Information Sheet

Program Name: Case Management Drug and Alcohol InPatient Treatment

Agency: Luzerne/Wyoming Counties Drug and Alcohol

Address: 20 N. Pennsylvania Ave. City: Wilkes-Barre

Program Contact Person: Ruth Parry Phone Number: 570-826-8791

Fax Number: _____ email address: ruth.parry@luzernecounty.org

Hours of Operation: 8:30AM – 4:30PM

Affiliation: ___ Private non profit ___ X ___ Local Government ___ State Government
 ___ Public Housing Agency ___ Funder ___ Faith- based ___ Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

___ X ___ Single male,18 and older ___ X ___ Single female,18 and older
 ___ Two parent family with child (children) ___ Female parent with child (children)
 ___ Male parent with child (children) ___ X ___ Unaccompanied youth
 ___ Children only ___ X ___ Other, explain: Services All Ages-Genders

Eligibility requirements:

Veteran	___ Yes	___ No	___ <u>X</u> ___ NA
Domestic Violence	___ Yes	___ No	___ <u>X</u> ___ NA
Homeless certification:	___ Yes	___ No	___ <u>X</u> ___ NA
At Risk of Homelessness Certification	___ Yes	___ No	___ <u>X</u> ___ NA
Permanent Disability Certification	___ Yes	___ No	___ <u>X</u> ___ NA
Household Income	___ <u>X</u> ___ Yes	___ No	___ NA
Luzerne County Residency Requirement	___ <u>X</u> ___ Yes	___ No	___ NA

If yes, how long? _____

TYPE OF PROJECT: ___ Emergency Shelter ___ Transitional Housing
 ___ Permanent Supportive Housing ___ X ___ Supportive Services ___ Other

SERVICE/ASSISTANCE:

___ X ___ Case Management ___ Child Care ___ Clothing
 ___ X ___ Drug & Alcohol Counseling ___ Educational Activities ___ Employment Assistance
 ___ Food Pantry ___ Housing Counseling ___ Housing Placement Assistance
 ___ Income ___ X ___ Information & Referral ___ Legal Services
 ___ Medical Care ___ Mental Health Counseling ___ Permanent Housing
 ___ Permanent Supportive Housing ___ Prescription Assistance ___ Rental Assistance
 ___ Shelter ___ Soup Kitchen ___ Transitional Housing
 ___ Transportation ___ Traveler’s Aid Assistance ___ Utility assistance
 ___ Other, please list: _____

Luzerne County CoC Program Information Sheet

Program Name: **Luzerne/Wyoming Counties Mental Health and Developmental Services**

Agency: **Luzerne/Wyoming Counties Mental Health and Developmental Services**

Address: **111 N. Pennsylvania Blvd.**

City: **Wilkes-Barre**

Program Contact Person: _____ Phone Number: **570-825-9441**

Fax Number: _____ email address: _____

Hours of Operation: **8:30AM – 5PM**

Affiliation: ___ Private non profit Local Government ___ State Government
 ___ Public Housing Agency ___ Funder ___ Faith- based ___ Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

- ___ Single male,18 and older ___ Single female,18 and older
 ___ Two parent family with child (children) ___ Female parent with child (children)
 ___ Male parent with child (children) ___ Unaccompanied youth
 ___ Children only Other, explain: **All clients with mental health and intellectual disability needs**

Eligibility requirements:

- | | | | |
|---------------------------------------|---------|--------|--|
| Veteran | ___ Yes | ___ No | <input checked="" type="checkbox"/> NA |
| Domestic Violence | ___ Yes | ___ No | <input checked="" type="checkbox"/> NA |
| Homeless certification: | ___ Yes | ___ No | <input checked="" type="checkbox"/> NA |
| At Risk of Homelessness Certification | ___ Yes | ___ No | <input checked="" type="checkbox"/> NA |
| Permanent Disability Certification | ___ Yes | ___ No | <input checked="" type="checkbox"/> NA |
| Household Income | ___ Yes | ___ No | <input checked="" type="checkbox"/> NA |
| Luzerne County Residency Requirement | ___ Yes | ___ No | <input checked="" type="checkbox"/> NA |

If yes, how long? _____

TYPE OF PROJECT: ___ Emergency Shelter ___ Transitional Housing
 ___ Permanent Supportive Housing Supportive Services ___ Other

SERVICE/ASSISTANCE:

- | | | |
|----------------------------------|--|----------------------------------|
| ___ Case Management | ___ Child Care | ___ Clothing |
| ___ Drug & Alcohol Counseling | ___ Educational Activities | ___ Employment Assistance |
| ___ Food Pantry | ___ Housing Counseling | ___ Housing Placement Assistance |
| ___ Income | ___ Information & Referral | ___ Legal Services |
| ___ Medical Care | <input checked="" type="checkbox"/> Mental Health Counseling | ___ Permanent Housing |
| ___ Permanent Supportive Housing | ___ Prescription Assistance | ___ Rental Assistance |
| ___ Shelter | ___ Soup Kitchen | ___ Transitional Housing |
| ___ Transportation | ___ Traveler's Aid Assistance | ___ Utility assistance |
- Other, please list: **Support for clients who are intellectually disabled**

Luzerne County CoC Program Information Sheet

Program Name:

Agency: North Penn Legal Services

Address: 33 N. Main St. Suite 200

City: Pittston

Program Contact Person:

Phone Number: 570-299-4100

Fax Number: 570-824-0001

email address:

Hours of Operation:

Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Single male,18 and older | <input type="checkbox"/> Single female,18 and older |
| <input type="checkbox"/> Two parent family with child (children) | <input type="checkbox"/> Female parent with child (children) |
| <input type="checkbox"/> Male parent with child (children) | <input type="checkbox"/> Unaccompanied youth |
| <input type="checkbox"/> Children only | <input type="checkbox"/> Other, explain: <u> </u> |

Eligibility requirements:

- | | | | |
|---------------------------------------|------------------------------|-----------------------------|-----------------------------|
| Veteran | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Domestic Violence | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Homeless certification: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| At Risk of Homelessness Certification | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Permanent Disability Certification | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Household Income | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Luzerne County Residency Requirement | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

If yes, how long?

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other

SERVICE/ASSISTANCE:

- | | | |
|--|--|---|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Child Care | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Drug & Alcohol Counseling | <input type="checkbox"/> Educational Activities | <input type="checkbox"/> Employment Assistance |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Housing Counseling | <input type="checkbox"/> Housing Placement Assistance |
| <input type="checkbox"/> Income | <input type="checkbox"/> Information & Referral | <input checked="" type="checkbox"/> Legal Services |
| <input type="checkbox"/> Medical Care | <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Permanent Housing |
| <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Prescription Assistance | <input type="checkbox"/> Rental Assistance |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Soup Kitchen | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Traveler's Aid Assistance | <input type="checkbox"/> Utility assistance |
| <input type="checkbox"/> Other, please list: <u> </u> | | |

Luzerne County CoC Program Information Sheet

Program Name:

Agency: **Northeast Counseling**

Address: **130 W. Washington St.**

City: **Nanticoke**

Program Contact Person:

Phone Number: **570-735-7590**

Fax Number: **570-812-0056**

email address:

Hours of Operation:

Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Single male,18 and older | <input type="checkbox"/> Single female,18 and older |
| <input type="checkbox"/> Two parent family with child (children) | <input type="checkbox"/> Female parent with child (children) |
| <input type="checkbox"/> Male parent with child (children) | <input type="checkbox"/> Unaccompanied youth |
| <input type="checkbox"/> Children only | <input type="checkbox"/> Other, explain: <u> </u> |

Eligibility requirements:

- | | | | |
|---------------------------------------|------------------------------|-----------------------------|-----------------------------|
| Veteran | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Domestic Violence | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Homeless certification: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| At Risk of Homelessness Certification | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Permanent Disability Certification | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Household Income | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Luzerne County Residency Requirement | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

If yes, how long?

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other

SERVICE/ASSISTANCE:

- | | | |
|--|--|---|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Child Care | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Drug & Alcohol Counseling | <input type="checkbox"/> Educational Activities | <input type="checkbox"/> Employment Assistance |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Housing Counseling | <input type="checkbox"/> Housing Placement Assistance |
| <input type="checkbox"/> Income | <input type="checkbox"/> Information & Referral | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Medical Care | <input checked="" type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Permanent Housing |
| <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Prescription Assistance | <input type="checkbox"/> Rental Assistance |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Soup Kitchen | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Traveler's Aid Assistance | <input type="checkbox"/> Utility assistance |
| <input type="checkbox"/> Other, please list: <u> </u> | | |

Luzerne County CoC Program Information Sheet

Program Name: PA CareerLink® Luzerne County

Agency: PA CareerLink® Luzerne County

Address: 32 East Union St.

City: Wilkes-Barre

Address: 75 North Laurel St.

City: Hazleton

Program Contact Person: Christine Jensen

Phone Number: 570-822-1101 ext. 3057

Fax Number: 570-826-2443

email address: christinejensen@lswib.org

Hours of Operation: 8AM – 4:30PM

Affiliation: Private non profit ___ Local Government ___ State Government
 ___ Public Housing Agency ___ Funder ___ Faith- based ___ Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Single male,18 and older | <input checked="" type="checkbox"/> Single female,18 and older |
| <input checked="" type="checkbox"/> Two parent family with child (children) | <input checked="" type="checkbox"/> Female parent with child (children) |
| <input checked="" type="checkbox"/> Male parent with child (children) | <input checked="" type="checkbox"/> Unaccompanied youth |
| <input type="checkbox"/> Children only | <input type="checkbox"/> Other, explain: ___ |

Eligibility requirements:

- | | | | |
|---------------------------------------|---|-----------------------------|-----------------------------|
| Veteran | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Domestic Violence | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Homeless certification: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| At Risk of Homelessness Certification | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Permanent Disability Certification | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Household Income | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Luzerne County Residency Requirement | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

If yes, how long?

TYPE OF PROJECT: ___ Emergency Shelter ___ Transitional Housing
 ___ Permanent Supportive Housing ___ Supportive Services Other

SERVICE/ASSISTANCE:

- | | | |
|--|--|---|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Child Care | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Drug & Alcohol Counseling | <input type="checkbox"/> Educational Activities | <input checked="" type="checkbox"/> Employment Assistance |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Housing Counseling | <input type="checkbox"/> Housing Placement Assistance |
| <input type="checkbox"/> Income | <input type="checkbox"/> Information & Referral | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Medical Care | <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Permanent Housing |
| <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Prescription Assistance | <input type="checkbox"/> Rental Assistance |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Soup Kitchen | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Traveler's Aid Assistance | <input type="checkbox"/> Utility assistance |
| <input type="checkbox"/> Other, please list: <u> </u> | | |

Luzerne County CoC Program Information Sheet

Program Name:

Agency: **RHC McKinney Clinic**

Address: **39 E. Jackson St.**

City: **Wilkes-Barre**

Program Contact Person: **Bernie Balut**

Phone Number: **570-825-0881**

Fax Number:

email address:

Hours of Operation:

Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Single male,18 and older | <input type="checkbox"/> Single female,18 and older |
| <input type="checkbox"/> Two parent family with child (children) | <input type="checkbox"/> Female parent with child (children) |
| <input type="checkbox"/> Male parent with child (children) | <input type="checkbox"/> Unaccompanied youth |
| <input type="checkbox"/> Children only | <input type="checkbox"/> Other, explain: <u> </u> |

Eligibility requirements:

- | | | | |
|---------------------------------------|------------------------------|-----------------------------|-----------------------------|
| Veteran | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Domestic Violence | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Homeless certification: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| At Risk of Homelessness Certification | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Permanent Disability Certification | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Household Income | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Luzerne County Residency Requirement | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

If yes, how long?

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other

SERVICE/ASSISTANCE:

- | | | |
|--|--|---|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Child Care | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Drug & Alcohol Counseling | <input type="checkbox"/> Educational Activities | <input type="checkbox"/> Employment Assistance |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Housing Counseling | <input type="checkbox"/> Housing Placement Assistance |
| <input type="checkbox"/> Income | <input type="checkbox"/> Information & Referral | <input type="checkbox"/> Legal Services |
| <input checked="" type="checkbox"/> Medical Care | <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Permanent Housing |
| <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Prescription Assistance | <input type="checkbox"/> Rental Assistance |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Soup Kitchen | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Traveler's Aid Assistance | <input type="checkbox"/> Utility assistance |
| <input type="checkbox"/> Other, please list: <u> </u> | | |

Luzerne County CoC Program Information Sheet

Program Name: The Salvation Army

Agency: The Salvation Army

Address: 17 S. Pennsylvania Ave.

City: Wilkes-Barre

Program Contact Person: Lt. Oziel Urbaez Phone Number: 570-824-8741

Fax Number: 570-824-1774

email address: Oziel.Urbaez@USE.salvationarmy.org

Hours of Operation: Tuesday – Thursday 9AM – 12PM (Appointment Required)

Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

Single male,18 and older Single female,18 and older
 Two parent family with child (children) Female parent with child (children)
 Male parent with child (children) Unaccompanied youth
 Children only Other, explain:

Eligibility requirements:

Veteran	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Domestic Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Homeless certification:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
At Risk of Homelessness Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Permanent Disability Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Household Income	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Luzerne County Residency Requirement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

If yes, how long? proof of residency

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other Food Pantry

SERVICE/ASSISTANCE:

Case Management Child Care Clothing
 Drug & Alcohol Counseling Educational Activities Employment Assistance
 Food Pantry Housing Counseling Housing Placement Assistance
 Income Information & Referral Legal Services
 Medical Care Mental Health Counseling Permanent Housing
 Permanent Supportive Housing Prescription Assistance Rental Assistance
 Shelter Soup Kitchen Transitional Housing
 Transportation Traveler’s Aid Assistance Utility assistance
 Other, please list: Disaster services furniture vouchers for fire victims

Luzerne County CoC Program Information Sheet

Program Name: **Kirby Family House**
Agency: **The Salvation Army**
Address: **35 North Pennsylvania Ave.** City: **Wilkes-Barre**
Program Contact Person: **Lisa Caruthers** Phone Number: **570-824-8380**
Fax Number: **570-824-8393** email address: **lisa.caruthers@use.salvationarmy.org**
Hours of Operation: **24/7**
Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

Single male,18 and older Single female,18 and older
 Two parent family with child (children) Female parent with child (children)
 Male parent with child (children) Unaccompanied youth
 Children only Other, explain:

Eligibility requirements:

Veteran	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Domestic Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Homeless certification:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
At Risk of Homelessness Certification	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Permanent Disability Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Household Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Luzerne County Residency Requirement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

If yes, how long? **6 consecutive months**

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other

SERVICE/ASSISTANCE:

<input type="checkbox"/> Case Management	<input type="checkbox"/> Child Care	<input type="checkbox"/> Clothing
<input type="checkbox"/> Drug & Alcohol Counseling	<input type="checkbox"/> Educational Activities	<input type="checkbox"/> Employment Assistance
<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Housing Counseling	<input type="checkbox"/> Housing Placement Assistance
<input type="checkbox"/> Income	<input checked="" type="checkbox"/> Information & Referral	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Medical Care	<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> Permanent Housing
<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Prescription Assistance	<input type="checkbox"/> Rental Assistance
<input checked="" type="checkbox"/> Shelter	<input type="checkbox"/> Soup Kitchen	<input checked="" type="checkbox"/> Transitional Housing
<input type="checkbox"/> Transportation	<input type="checkbox"/> Traveler's Aid Assistance	<input type="checkbox"/> Utility assistance
<input type="checkbox"/> Other, please list: <u> </u>		

Luzerne County CoC Program Information Sheet

Program Name: Emergency Bed (Limited to 1 Bed – 3 Days Max Stay)

Agency: Step By Step

Address: 744 Kidder St.

City: Wilkes-Barre

Program Contact Person: Laurie Kivler

Phone Number: 570-829-3477

Fax Number: 570-827-4090

email address: lkivler@stepbystepusa.com

Hours of Operation: Emergency Bed (24 hours)

Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

Single male,18 and older

Single female,18 and older

Two parent family with child (children)

Female parent with child (children)

Male parent with child (children)

Unaccompanied youth

Children only

Other, explain: Must have a mental health diagnosis

and be an active, open B.S.U case

Eligibility requirements:

Veteran Yes No NA

Domestic Violence Yes No NA

Homeless certification: Yes No NA

At Risk of Homelessness Certification Yes No NA

Permanent Disability Certification Yes No NA

Household Income Yes No NA

Luzerne County Residency Requirement Yes No NA

If yes, how long? N/A (Wyoming County), must be an active/open B.S.U case

TYPE OF PROJECT: Emergency Shelter Transitional Housing

Permanent Supportive Housing Supportive Services Other

SERVICE/ASSISTANCE:

Case Management Child Care Clothing

Drug & Alcohol Counseling Educational Activities Employment Assistance

Food Pantry Housing Counseling Housing Placement Assistance

Income Information & Referral Legal Services

Medical Care Mental Health Counseling Permanent Housing

Permanent Supportive Housing Prescription Assistance Rental Assistance

Shelter Soup Kitchen Transitional Housing

Transportation Traveler's Aid Assistance Utility assistance

Other, please list: Emergency placement may lead to a transitional housing referral for a

D.L.S key transition

Luzerne County CoC Program Information Sheet

Program Name: United Way of Wyoming Valley

Agency:

Address: 8 West Market St.

City: Wilkes-Barre

Program Contact Person: Bill Jones

Phone Number: 570-829-6711 ext. 230

Fax Number:

email address: bjones@unitedwaywb.org

Hours of Operation: 8:30 AM – 4:30PM

Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Single male,18 and older | <input type="checkbox"/> Single female,18 and older |
| <input type="checkbox"/> Two parent family with child (children) | <input type="checkbox"/> Female parent with child (children) |
| <input type="checkbox"/> Male parent with child (children) | <input type="checkbox"/> Unaccompanied youth |
| <input type="checkbox"/> Children only | <input type="checkbox"/> Other, explain: <u> </u> |

Eligibility requirements:

- | | | | |
|---------------------------------------|------------------------------|-----------------------------|-----------------------------|
| Veteran | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Domestic Violence | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Homeless certification: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| At Risk of Homelessness Certification | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Permanent Disability Certification | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Household Income | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Luzerne County Residency Requirement | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

If yes, how long?

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other

SERVICE/ASSISTANCE:

- | | | |
|--|--|---|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Child Care | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Drug & Alcohol Counseling | <input type="checkbox"/> Educational Activities | <input type="checkbox"/> Employment Assistance |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Housing Counseling | <input type="checkbox"/> Housing Placement Assistance |
| <input type="checkbox"/> Income | <input type="checkbox"/> Information & Referral | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Medical Care | <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Permanent Housing |
| <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Prescription Assistance | <input type="checkbox"/> Rental Assistance |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Soup Kitchen | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Traveler's Aid Assistance | <input type="checkbox"/> Utility assistance |
| <input type="checkbox"/> Other, please list: <u> </u> | | |

Luzerne County CoC Program Information Sheet

Program Name: Luzerne REAL (Realistic Environment for Adolescent Living)
 Agency: Valley Youth House
 Address: 65 Public Square Suite 520 City: Wilkes-Barre
 Program Contact Person: Nichole Laiuvara Phone Number: 570-704-0626
 Fax Number: 570-704-1440 email address: nlaiuvara@valleyyouthhouse.org
 Hours of Operation:
Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

Single male, 18 and older Single female, ~~18 and older~~ ***16-21**
 Two parent family with child (children) Female parent with child (children)
 Male parent with child (children) Unaccompanied youth
 Children only Other, explain: youth 16-21 who are involved with
county or JPO or can re-enter care

Eligibility requirements:

Veteran	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Domestic Violence	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Homeless certification:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
At Risk of Homelessness Certification	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Permanent Disability Certification	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Household Income	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Luzerne County Residency Requirement	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA

If yes, how long?

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other Independent Living

SERVICE/ASSISTANCE:

Case Management Child Care Clothing
 Drug & Alcohol Counseling Educational Activities Employment Assistance
 Food Pantry Housing Counseling Housing Placement Assistance
 Income Information & Referral Legal Services
 Medical Care Mental Health Counseling Permanent Housing
 Permanent Supportive Housing Prescription Assistance Rental Assistance
 Shelter Soup Kitchen Transitional Housing
 Transportation Traveler's Aid Assistance Utility assistance
 Other, please list: Temporary Housing through county or JPO

Luzerne County CoC Program Information Sheet

Program Name: Luzerne County RRH for Young Adults

Agency: Valley Youth House

Address: 65 Public Square Suite 520

City: Wilkes-Barre

Program Contact Person: Nichole Rios

Phone Number: 570-704-0626

Fax Number: 570-704-1440

email address: nlaiuvvara@valleyyouthhouse.org

Hours of Operation:

Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Single male,18 and older | <input type="checkbox"/> Single female,18 and older |
| <input type="checkbox"/> Two parent family with child (children) | <input type="checkbox"/> Female parent with child (children) |
| <input type="checkbox"/> Male parent with child (children) | <input type="checkbox"/> Unaccompanied youth |
| <input type="checkbox"/> Children only | <input checked="" type="checkbox"/> Other, explain: <u>Youth between the age of 18 and 24</u> |
- Some HH age 18 to 24 with child(children)**

Eligibility requirements:

- | | | | |
|---------------------------------------|---|-----------------------------|-----------------------------|
| Veteran | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Domestic Violence | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Homeless certification: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| At Risk of Homelessness Certification | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Permanent Disability Certification | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Household Income | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Luzerne County Residency Requirement | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

If yes, how long?

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services **Other- Rapid ReHousing**

SERVICE/ASSISTANCE:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Child Care | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Drug & Alcohol Counseling | <input type="checkbox"/> Educational Activities | <input type="checkbox"/> Employment Assistance |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Housing Counseling | <input checked="" type="checkbox"/> Housing Placement Assistance |
| <input type="checkbox"/> Income | <input type="checkbox"/> Information & Referral | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Medical Care | <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Permanent Housing |
| <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Prescription Assistance | <input checked="" type="checkbox"/> Rental Assistance |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Soup Kitchen | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Traveler's Aid Assistance | <input type="checkbox"/> Utility assistance |
| <input type="checkbox"/> Other, please list: <u> </u> | | |

Luzerne County CoC Program Information Sheet

Program Name: **HLHV-GPD Program – Health Care for Homeless Veteran Grant Per Diem Program**

Agency: **VAMC**

Address: **1111 East End Blvd.**

City: **Wilkes-Barre**

Program Contact Person: **Margaret Maurer**

Phone Number: **570-824-8521 ext 4039**

Fax Number: **570-821-7299**

email address: **margaret.maurer@va.gov**

Hours of Operation: **8-430 Monday to Friday on call worker nights/weekends**

Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Single male,18 and older | <input type="checkbox"/> Single female,18 and older |
| <input type="checkbox"/> Two parent family with child (children) | <input type="checkbox"/> Female parent with child (children) |
| <input type="checkbox"/> Male parent with child (children) | <input type="checkbox"/> Unaccompanied youth |
| <input type="checkbox"/> Children only | <input type="checkbox"/> Other, explain: <u> </u> |

Eligibility requirements:

- | | | | |
|---------------------------------------|---|-----------------------------|-----------------------------|
| Veteran | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Domestic Violence | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Homeless certification: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| At Risk of Homelessness Certification | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Permanent Disability Certification | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Household Income | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Luzerne County Residency Requirement | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

If yes, how long?

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other

SERVICE/ASSISTANCE:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Child Care | <input checked="" type="checkbox"/> Clothing |
| <input checked="" type="checkbox"/> Drug & Alcohol Counseling | <input type="checkbox"/> Educational Activities | <input type="checkbox"/> Employment Assistance |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Housing Counseling | <input type="checkbox"/> Housing Placement Assistance |
| <input type="checkbox"/> Income | <input checked="" type="checkbox"/> Information & Referral | <input type="checkbox"/> Legal Services |
| <input checked="" type="checkbox"/> Medical Care | <input checked="" type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Permanent Housing |
| <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Prescription Assistance | <input type="checkbox"/> Rental Assistance |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Soup Kitchen | <input checked="" type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Traveler’s Aid Assistance | <input type="checkbox"/> Utility assistance |
| <input type="checkbox"/> Other, please list: <u> </u> | | |

Luzerne County CoC Program Information Sheet

Program Name: HUD/VASH-

Agency: VAMC

Address: 1111 E. End Blvd.

City: Wilkes-Barre

Program Contact Person: Maureen Rebar

Phone Number: 570-824-3521 ext 4449

Fax Number: 570-821-7299

email address:

Hours of Operation: Monday – Friday 8AM – 4:30PM

Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

Single male,18 and older Single female,18 and older
 Two parent family with child (children) Female parent with child (children)
 Male parent with child (children) Unaccompanied youth
 Children only Other, explain:

Eligibility requirements:

Veteran	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Domestic Violence	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Homeless certification:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
At Risk of Homelessness Certification	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Permanent Disability Certification	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Household Income	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Luzerne County Residency Requirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA

If yes, how long?

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other

SERVICE/ASSISTANCE:

<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Child Care	<input type="checkbox"/> Clothing
<input type="checkbox"/> Drug & Alcohol Counseling	<input type="checkbox"/> Educational Activities	<input type="checkbox"/> Employment Assistance
<input type="checkbox"/> Food Pantry	<input checked="" type="checkbox"/> Housing Counseling	<input checked="" type="checkbox"/> Housing Placement Assistance
<input checked="" type="checkbox"/> Income	<input checked="" type="checkbox"/> Information & Referral	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Medical Care	<input type="checkbox"/> Mental Health Counseling	<input checked="" type="checkbox"/> Permanent Housing
<input checked="" type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Prescription Assistance	<input type="checkbox"/> Rental Assistance
<input type="checkbox"/> Shelter	<input type="checkbox"/> Soup Kitchen	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Transportation	<input type="checkbox"/> Traveler's Aid Assistance	<input type="checkbox"/> Utility assistance

Other, please list:

Luzerne County CoC Program Information Sheet

Program Name: Manna House Transitional Housing
Agency: Volunteers of America Pennsylvania
Address: 25 N. River Street City: Wilkes-Barre
Program Contact Person: Samantha Orth Phone Number: 570-825-0542
Fax Number: 570-825-4746 email address: sorth@voapa.org
Hours of Operation: Application: Monday – Friday 8AM – 4PM
Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

Single male,18 and older Single female,18 and older
 Two parent family with child (children) Female parent with child (children)
 Male parent with child (children) Unaccompanied youth
 Children only Other, explain: single males & females, 18-25

Eligibility requirements:

Veteran	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Domestic Violence	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Homeless certification:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
At Risk of Homelessness Certification	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Permanent Disability Certification	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Household Income	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Luzerne County Residency Requirement	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA

If yes, how long?

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services Other

SERVICE/ASSISTANCE:

<input type="checkbox"/> Case Management	<input type="checkbox"/> Child Care	<input type="checkbox"/> Clothing
<input type="checkbox"/> Drug & Alcohol Counseling	<input type="checkbox"/> Educational Activities	<input type="checkbox"/> Employment Assistance
<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Housing Counseling	<input type="checkbox"/> Housing Placement Assistance
<input type="checkbox"/> Income	<input type="checkbox"/> Information & Referral	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Medical Care	<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> Permanent Housing
<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Prescription Assistance	<input type="checkbox"/> Rental Assistance
<input type="checkbox"/> Shelter	<input type="checkbox"/> Soup Kitchen	<input checked="" type="checkbox"/> Transitional Housing
<input type="checkbox"/> Transportation	<input type="checkbox"/> Traveler's Aid Assistance	<input type="checkbox"/> Utility assistance
<input type="checkbox"/> Other, please list: <u> </u>		

Luzerne County CoC Program Information Sheet

Program Name: Give Hope Outreach
 Agency: Volunteers of America Pennsylvania
 Address: 25 N. River Street City: Wilkes-Barre
 Program Contact Person: Samantha Orth Phone Number: 570-825-0542
 Fax Number: 570-825-4746 email address: sorth@voapa.org
 Hours of Operation: _____
Affiliation: Private non profit Local Government State Government
 Public Housing Agency Funder Faith- based Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

Single male,18 and older Single female,18 and older
 Two parent family with child (children) Female parent with child (children)
 Male parent with child (children) Unaccompanied youth
 Children only Other, explain: all populations on streets- Wyoming Valley

Eligibility requirements:

Veteran	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Domestic Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Homeless certification:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
At Risk of Homelessness Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Permanent Disability Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Household Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Luzerne County Residency Requirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA

If yes, how long?

TYPE OF PROJECT: Emergency Shelter Transitional Housing
 Permanent Supportive Housing Supportive Services **Other- Outreach**

SERVICE/ASSISTANCE:

Case Management Child Care Clothing
 Drug & Alcohol Counseling Educational Activities Employment Assistance
 Food Pantry Housing Counseling Housing Placement Assistance
 Income Information & Referral Legal Services
 Medical Care Mental Health Counseling Permanent Housing
 Permanent Supportive Housing Prescription Assistance Rental Assistance
 Shelter Soup Kitchen Transitional Housing
 Transportation Traveler's Aid Assistance Utility assistance
 Other- Outreach

Luzerne County CoC Program Information Sheet

Program Name: Wilkes-Barre Community Development

Agency: Community Development

Address: 40 East Market St.

City: Wilkes-Barre

Program Contact Person: Nicholas Cave

Phone Number: 570-208-4135

Fax Number: 570-208-4136

email address: ncave@Wilkes-Barre.pa.us

Hours of Operation: 9AM – 4:30PM

Affiliation: ___ Private non profit ___ Local Government ___ State Government
___ Public Housing Agency X Funder ___ Faith- based ___ Business

PROGRAM DESCRIPTION

Population to be served, check all that apply:

- | | |
|---|---|
| ___ Single male,18 and older | ___ Single female,18 and older |
| ___ Two parent family with child (children) | ___ Female parent with child (children) |
| ___ Male parent with child (children) | ___ Unaccompanied youth |
| ___ Children only | ___ Other, explain: <u> </u> |

Eligibility requirements:

- | | | | |
|---------------------------------------|---------|--------|--------|
| Veteran | ___ Yes | ___ No | ___ NA |
| Domestic Violence | ___ Yes | ___ No | ___ NA |
| Homeless certification: | ___ Yes | ___ No | ___ NA |
| At Risk of Homelessness Certification | ___ Yes | ___ No | ___ NA |
| Permanent Disability Certification | ___ Yes | ___ No | ___ NA |
| Household Income | ___ Yes | ___ No | ___ NA |
| Luzerne County Residency Requirement | ___ Yes | ___ No | ___ NA |

If yes, how long?

TYPE OF PROJECT: ___ Emergency Shelter ___ Transitional Housing
___ Permanent Supportive Housing ___ Supportive Services ___ Other

SERVICE/ASSISTANCE:

- | | | |
|---|-------------------------------|----------------------------------|
| ___ Case Management | ___ Child Care | ___ Clothing |
| ___ Drug & Alcohol Counseling | ___ Educational Activities | ___ Employment Assistance |
| ___ Food Pantry | ___ Housing Counseling | ___ Housing Placement Assistance |
| ___ Income | ___ Information & Referral | ___ Legal Services |
| ___ Medical Care | ___ Mental Health Counseling | ___ Permanent Housing |
| ___ Permanent Supportive Housing | ___ Prescription Assistance | ___ Rental Assistance |
| ___ Shelter | ___ Soup Kitchen | ___ Transitional Housing |
| ___ Transportation | ___ Traveler's Aid Assistance | ___ Utility assistance |
| ___ Other, please list: <u> </u> | | |