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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Catholic Social Services- Hazelton- St. Ann's PSHP	570-455-1521	permanent supportive housing	8
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	Phone number	Type of Service	Page Number
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Area Agency on Aging	570-822-1158	case management for 60+ population plus various services	6
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Domestic Violence Service Center	570-823-6799	supportive services related to domestic violence	25-26
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RHC McKinney Clinic Self Determination Housing Project of PA	570-825-0881 610-873-9595	medical care information regarding housing and housing related supportive services	44

	Phone number	Type of services	Page Number
Salvation Army	570-824-8741	disaster services, plus	46
		adolescent independent living	
Valley Youth House	570-704-0626	for youth ages 16-21	50
		Health Care for Homeless	
	570-824-8521	Veterans Program including	
Veterans Administration Medical Center	ext. 4039	case management, etc.	52
HUD-VASH	570-824-3521, ext. 4449	HUD VASH	53

Other			
Housing Authorities	See page	Permanent housing	28-32
Luzerne County Community College	570-817-2776	Career and education/trainings, GED	36
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PA CareerLink@ Luzerne County	570-822-1101	Employment assistance	43
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Program Name: <u>Disaster Servi</u>	ces			
Agency: American Red Cross- W	yoming Valley C	<u>hapter_</u>		
Address: <u>265 N. Sherman St.</u>	City: Wilkes-B	<u>arre</u>		
Program Contact Person: Disaster	Services Phone N	lumber: 570-	<u>823-7161</u>	
Fax Number:	email add	ress: <u>info.w</u>	ilkes-barre.p	oa@redcross.org
Hours of Operation: 24 hour access				
Affiliation: <u>x</u> Private nonprofit	(Charity) Loc	cal Governme	ent	State Government
Public Housing Agency				
	PROGRAM D	FSCDIDTIC	N	
Population to be served, check al		LSCKII IIC)11	
•		£1. 10	1 -14	
x Single male,18 and older		female,18 and		m)
\underline{x} Two parent family with child (chil \underline{x} Male parent with child (children)		=	child (childre	(n)
Children only		ccompanied yo		
emidicii omy	Othe	i, explain		
Eligibility requirements: person	s facing a disaster	such as fire	, flood, etc.	
Veteran		Yes	No	NA
Domestic Violence	_	Yes	No	NA
Homeless certification:	_	Yes	No	NA
At Risk of Homelessness C		Yes		
Permanent Disability Certif	ication _	Yes	No	NA
Household Income		Yes		
Luzerne County Residency	Requirement _	Yes	No	NA
If yes, how long?	-			
TYPE OF PROJECT: Emerg			nal Housing	
Permanent Supportive Housing	g Supportive	Services	<u>x</u> Ot	her – <u>emergency shelter</u>
in hotels/motels or disaster shelte	er sites as approp	<u>riate</u>		
SERVICE/ASSISTANCE:				
Case ManagementC			-	
Drug & Alcohol Counseling				
	Housing Counseling			ent Assistance
	nformation & Refer		•	
	Mental Health Couns	~		
Permanent Supportive Housing	•			
·	oup Kitchen			
Transportation T x Other, please list: food, health an	raveler's Aid Assist			5
A MORE DIVISE HISE TUNE DEATH AND		47		

Program Name: <u>Aging Services</u>			
Agency:Area Agency on Aging for Lu	zerne/Wyoming Co	<u>unties</u>	
Address: <u>111 North Pennsylvania Blvo</u>			
Program Contact Person: <u>Doris Magee</u>	_ Phone Numb	oer: <u>570-822-115</u>	<u>8</u>
Fax Number: <u>570-823-9129</u>	email address: <u>dm</u>	nagee@aging.luze	rne/wyoming.org
Hours of Operation: 8:00 am to 4:00 pr	n. Monday through	<u>Friday</u>	
Affiliation: Private non profit	X Local Governmen	nt State Gover	nment
Public Housing Agency Funder	Faith- based	Business	
PROG Population to be served, check all that ap	GRAM DESCRIPTION ply:	ON	
Single male,18 and older	Single female,18	and older	
Two parent family with child (children)	Female parent wit		
Male parent with child (children)	Unaccompanied y	outh	
Children only	X Other, explain:r	oersons age 60 or ol	der
Eligibility requirements:			
Veteran	Yes	No X	NA
Domestic Violence	Yes		NA
Homeless certification:		-	NA
At Risk of Homelessness Certification			=
		_	NA
Permanent Disability Certification Household Income	Yes		
	Yes		NA
Luzerne County Residency Requirer		No	NA
	_ <u>X</u> _ Yes		
If yes, how long? Fmarganay Sh			
TYPE OF PROJECT: Emergency Shaper Supporting Housing St.		_	
Permanent Supportive Housing So	ipportive services	Othe	1
SERVICE/ASSISTANCE- please check t	he primary services	vour agency or bi	ogram provides to
ALL homeless populations in Luzerne Co			8 1
X Case Management Child Care		Clothing	
Drug & Alcohol Counseling Ed			Assistance
Food Pantry Housing C		Iousing Placement A	
IncomeX Information	on & Referral	Legal Service	es
Medical Care Mental He	alth Counseling	Permanent He	ousing
Permanent Supportive HousingPre	scription Assistance	Rental Assist	ance
ShelterSoup Kitch		Transitional I	-
	Aid Assistance	•	
_X Other, please list: Other community servi	ces, In-Home Services	, Active Adult Cent	ers, Protective
Services			

Program Name: Catherine McAuley Hou	<u>ise</u>
Agency: Catherine McAuley Center	
Address: 121 Church St. City: Plymo	outh
Program Contact Person: Emilia Rosas	PhoneNumber: <u>570-779-2801</u>
Fax Number: <u>570-779-2801</u> email address	ss: erosas@catherinemcauleycenter.org
Hours of Operation: intake please call for	r appointment
Affiliation: <u>x</u> Private non profit	Local Government State Government
Public Housing Agency Funder	_x_Faith- based Business
PRO	OGRAM DESCRIPTION
Population to be served, check all that a	apply:
Single male,18 and older	Single female,18 and older
Two parent family with child (children)	x Female parent with child (children)
Male parent with child (children)	Unaccompanied youth
Children only	Other, explain:
Eligibility requirements:	
Veteran	YesNoNA
Domestic Violence	YesNoNA
Homeless certification:	YesNoNA
At Risk of Homelessness Certificat	tion YesNoNA
Permanent Disability Certification	YesNo NA
Household Income	YesNo NA
Luzerne County Residency Require	ement <u>x</u> YesNoNA
If yes, how long? _6 month	hs
TYPE OF PROJECT: x Emergency She	
Permanent Supportive Housing S	Supportive Services Other
SERVICE/ASSISTANCE:	
Case Management Child Ca	re Clothing
_	Educational Activities Employment Assistance
Food Pantry Housing	Counseling — Housing Placement Assistance
Income Informati	ion & Referral Legal Services
Medical Care Mental H	Health Counseling Permanent Housing
Permanent Supportive HousingP	rescription Assistance Rental Assistance
<u>x</u> ShelterSoup Kitc	_
	s Aid Assistance Utility assistance
Other, please list:	

Program Name:	St. Ann PSHP			
Agency: Cathol	lic Social Services- Hazle	<u>ton</u>		
Address: _ 214 V	W. Walnut St./33 East No	orthampton St C	ity: Hazleton/W i	ilkes-Barre
Program Contac	ct Person: John Baumgar	tner or Andrew Ball	Phone Numb	per:_ <u>570-45</u> 5-1521/570-
<u>822-7118</u>			_	
	570-455-2707/570-829-	7781 email addı	ess: jbaumgrtne	r@csshazleton.org or
Aball@csswb.o	·			
Hours of Operat	tion: _ 9-5, Monday throu	gh Friday		
	X Private non profit			
Public Hous	sing Agency Funder	Faith- based	Busines	S
	PR (OGRAM DESCRIP	TION	
Population to b	be served, check all that a			
_			19 and older	
Single male, 1		Single female,)
	families with child (children)			cii <i>)</i>
	with child (children)	-	-	
Children onl	.y	Other, explain:_		
Eligibility requ	irements:			
Veteran		Yes	No	NA
Domesti	c Violence	Yes		
	ss certification:		No	NA
	of Homelessness Certifica			
	ent Disability Certification			
	old Income	X Yes		NA
	County Residency Requir			NA
	f yes, how long?		110	1111
TYPE OF PRO	DJECT: Emergency S	helter Trans	itional Housing	
	Supportive Housing			Other
	SISTANCE- please check	·		
	populations in Luzerne			s:
Case Manager			Clothing	
•	•	Educational Activities		nent Assistance
Food Pantry	· ·	~	_ Housing Placeme	
Income		ion & Referral	Legal Ser	
Medical Care		Health Counseling		-
	Supportive HousingP	•		
Shelter Transportation	Soup Kite	s Aid Assistance	Transitio Utility as	
Other, please		o Alu Assistance	Office as	515ta1100
outer, prouse	*****			

Program Name: _ Divine Providence Shelter	
Agency: Catholic Social Services- Hazleton	
Address: _214 W. Walnut StCity: <u>Hazleton</u>	
Program Contact Person: <u>Amanda Deisroth</u> Phone Nu	umber:_ <u>570-455-1521</u>
Fax Number: <u>570-459-2528</u> email address: <u>adeisrotl</u>	n@csshazleton.org
Hours of Operation: _Daily, 7 p.m. to 8 a.m.	
Affiliation: X Private non profit Local Gover	
Public Housing Agency Funder Faith- based	Business
PROGRAM DESCRI	PTION
Population to be served, check all that apply:	
X Single male,18 and older X Single femal	e,18 and older
Two parent family with child (children)Female parent	t with child (children)
Male parent with child (children) Unaccompani	ed youth
Children onlyOther, explain	:
Eligibility requirements:	
Veteran _ X Y	esNoNA
Domestic Violence X Y	esNoNA
Homeless certification: X Y	esNoNA
At Risk of Homelessness Certification X Y	esNoNA
Permanent Disability Certification Y	esNoNA
Household Income Y	esNoNA
Luzerne County Residency Requirement X Ye	sNoNA
If yes, how long? <u>6 months</u>	
TYPE OF PROJECT: X _ Emergency Shelter Tran	_
Permanent Supportive Housing Supportive Services	Other
SEDVICE/ASSISTANCE places should the primary govern	oog vorm og on ov on nuognom, nuovides to
SERVICE/ASSISTANCE- please check the <u>primary service</u> <u>ALL homeless populations in Luzerne County</u> , not only to	
X Case Management Child Care	_X _ Clothing
Drug & Alcohol Counseling Educational Activities	
	X Housing Placement Assistance
IncomeXInformation & Referral	
Medical Care Mental Health Counseling	Permanent Housing
Permanent Supportive HousingPrescription Assistance	e Rental Assistance
X ShelterSoup Kitchen	Transitional Housing
Transportation Traveler's Aid Assistance	Utility assistance
Other, please list: _	

Program Name: <u>Gabriel House</u>
Agency: Catholic Social Services- Wyoming Valley
Address: _13 William St. City: Pittston
Program Contact Person: <u>Eileen Rosentel</u> Phone Number: <u>570-602-9796</u>
Fax Number: <u>570-602-8396</u> email address: <u>erosentel@csswb.org</u>
Hours of Operation: <u>9-5, Monday through Friday</u>
Affiliation: X 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)X Female parent with child (children)
Male parent with child (children) Unaccompanied youth
Children onlyOther, explain:
Eligibility requirements:
Veteran YesNo NA
Domestic Violence YesNo NA
Homeless certification: X Yes No NA
At Risk of Homelessness Certification X Yes No NA
Permanent Disability Certification Yes No NA
Household IncomeYesNoNA
Luzerne County Residency Requirement YesNo NA
If yes, how long?
TYPE OF PROJECT: Emergency Shelter X_Transitional Housing
Permanent Supportive Housing Supportive Services Other
SERVICE/ASSISTANCE- please check the <u>primary services</u> your agency or program provides
ALL homeless populations in Luzerne County, not only to your participants:
Case Management
Drug & Alcohol Counseling Educational Activities Employment Assistance
Food PantryHousing CounselingHousing Placement Assistance
IncomeInformation & ReferralLegal Services
Medical CareMental Health CounselingPermanent Housing
Permanent Supportive HousingPrescription AssistanceRental Assistance
Shelter Soup Kitchen X Transitional Housing
Transportation Traveler's Aid Assistance Utility assistance
A RIDEL LIBEANE HM

Program Name: _Holy Family Housing				
Agency: Catholic Social Services				
Address: _13 William St. City: Pitts	<u>ton</u>			
Program Contact Person: <u>Eileen Rosentel</u> Pho	one Number:_ <u>570</u>	<u> </u>		
Fax Number: <u>570-602-8396</u> email addr	ess: <u>erosentel@c</u>	esswb.org		
Hours of Operation: _9-5, Monday through Fr	iday			
Affiliation: X Private non profit	_ Local Governme	ent	State Government	
Public Housing Agency Funder	_ Faith- based	Busines	SS	
	M DESCRIPTION	ON		
Population to be served, check all that apply:				
Single male,18 and older	Single female, 18	and older		
$\underline{\mathbf{X}}$ two parent families with child (children) $\underline{\mathbf{X}}$	Female parent w	ith child (childr	ren)	
	_ Unaccompanied y			
Children only	Other, explain:			
Eligibility requirements:				
Veteran	Yes	No	NA	
Domestic Violence	Yes	· · · · · · · · · · · · · · · · · · ·	NA	
Homeless certification:	res Yes		NA NA	
At Risk of Homelessness Certification	Yes		NA NA	
	Yes		NA	
Household Income	Yes	No	NA	
Luzerne County Residency Requirement	·		NA	
If yes, how long?6 r			1171	
TYPE OF PROJECT: Emergency Shelter				
Permanent Supportive Housing Suppo		_	ReHousing	
Other			-	
SERVICE/ASSISTANCE- please check the <u>p</u>	rimary services	your agency o	or program provides	to
ALL homeless populations in Luzerne Count	y, not only to you	ur participan	ts:	
X Case Management Child Care		Clothing		
Drug & Alcohol Counseling Educati	ional Activities	Employr	nent Assistance	
Food Pantry X Housing Counse	eling Housing I	Placement Assis	stance	
Income Information & I	Referral	Legal Se	ervices	
Medical Care Mental Health 0	Counseling	X Permane		
	otion Assistance	X Rental A		
Shelter Soup Kitchen			onal Housing	
Transportation Traveler's Aid A	Assistance	Utility as	ssistance	
Other please list:				

Program Name: <u>RRH-1</u>	
Agency: Catholic Social Services	
Address: _33 E Northampton St.	City: <u>WB</u>
Program Contact Person: Andrew Ball	Phone Number: <u>570-822-7118</u>
Fax Number: <u>570-829-7781</u> email	address: aball@csswb.org
Hours of Operation: _9-5, Monday through	<u>gh Friday</u>
Affiliation: X Private non profit	Local Government State Government
Public Housing Agency Funder	Faith- based Business
	GRAM DESCRIPTION
Population to be served, check all that a	pply:
X Single male,18 and older	X Single female,18 and older
Two parent family with child (children)	 ·
Male parent with child (children)	Unaccompanied youth
Children only	Other, explain:
Eligibility requirements:	
Veteran	YesNoNA
Domestic Violence	YesNoNA
Homeless certification:	<u>X</u> YesNoNA
At Risk of Homelessness Certificat	ion YesNoNA
Permanent Disability Certification	YesNoNA
Household Income	YesNoNA
Luzerne County Residency Require	ement <u>X</u> YesNoNA
TYPE OF PROJECT: Emergency Sh	nelter Transitional Housing
Permanent Supportive Housing S	Supportive Services X Rapid ReHousing
Other	
	the <u>primary services</u> your agency or program provides to
ALL homeless populations in Luzerne C	
X Case Management Child Car	
-	ducational Activities Employment Assistance
	Counseling Housing Placement Assistance
Income Information	on & Referral Legal Services
Medical Care Mental H	ealth Counseling <u>X</u> Permanent Housing
* *	rescription Assistance X Rental Assistance
ShelterSoup Kitcle	_
• —	Aid Assistance Utility assistance
Other please list:	

Program Name: <u>Mother T</u>	<u>eresa's Haven</u>			
Agency: Catholic Social Se	<u>rvices- Wyoming Val</u>	<u>ley</u>		
Address: <u>39 East Jackson</u>	Street City: Wilke	s-Barre		
Program Contact Person: Ha	erry Lyons Phone	e Number:_ <u>570</u>	<u>-825-9948</u>	
Fax Number: <u>570-829-7</u>	781 email address	s: motherterea	haven@cssw	b.org
Hours of Operation: _8:30 to	o 4:30, Monday thro	ugh Friday		
Affiliation: X Private r	on profit L	ocal Governme	ent	State Government
Public Housing Agency	Funder F	aith-based	Busines	SS
	PROGRAM	DESCRIPTION	ON	
Population to be served, ch	eck all that apply:			
X Single male,18 and older		Single female,18	and older	
Two parent family with chi		emale parent wit		en)
Male parent with child (chi	dren) U	naccompanied y	outh	
Children only	Ot	her, explain:		
Eligibility requirements:				
Veteran		Yes	No	NA
Domestic Violence		Yes	No	
Homeless certification	on:	X Yes		NA
At Risk of Homelessness CertificationYesNoNA				
Permanent Disability Certification Yes No NA				
				NA
Luzerne County Resi	idency Requirement			NA
· · · · · · · · · · · · · · · · · · ·	ong? 6 months			
TYPE OF PROJECT: X			al Housing	
Permanent Supportive Ho				Other
SERVICE/ASSISTANCE-				
ALL homeless populations		not only to you		
Case Management	Child Care	4 4	Clothing	
Drug & Alcohol Counselin	-			nent Assistance
Food Pantry	Housing Counseling		ousing Placeme	
Income Medical Care	Information & Refe		Legal Se	
	Mental Health Cou	_	Permane Rental As	•
Permanent Supportive Ho V Shalter		on Assistance		
X Shelter Transportation	Soup Kitchen Traveler's Aid Ass	victorice	I ransition	nal Housing
Other please list:	IIAVCICI S AIU ASS	oistance	Office a	SSISTAILCE

Program Name: _Mother Teresa'	<u>s Haven PSHP</u>			
Agency: Catholic Social Services	- Wyoming Val	<u>ley</u>		
Address: _33 E. Northampton St	reet City:	Wilkes-Barr	<u>e</u>	
Program Contact Person: Harry L	yons Phone	Number: <u>570</u>	<u> -825-9948</u>	
Fax Number: <u>570-829-7781</u>	_ email address	: hlyons@cssv	wb.org	
Hours of Operation: _8:30 to 4:30	, Monday throu	ıgh Friday		
Affiliation: X Private non pr	ofit L	ocal Governme	ent	State Government
Public Housing Agency	Funder F	aith- based	Busines	SS
	PROGRAM	DESCRIPTION	ON	
Population to be served, check a	ll that apply:			
X Single male,18 and older	S	ingle female,18	and older	
Two parent family with child (chi		male parent wit		n)
Male parent with child (children)	Uı	naccompanied y	outh	
Children only	Oti	her, explain:		
Eligibility requirements:				
Veteran		Yes	No	NA
Domestic Violence		Yes	No	NA
Homeless certification:		X Yes	No	NA
At Risk of Homelessness O	Certification		No	
Permanent Disability Certi	fication		No	
Household Income		Yes		NA
Luzerne County Residency	Requirement	Yes		NA
If yes, how long? _	-			
TYPE OF PROJECT:Emerge			nal Housing	
X Permanent Supportive Housin				Other
SERVICE/ASSISTANCE- pleas	e check the <u>prin</u>	nary services	your agency	or program provides to
ALL homeless populations in Lu	<u>ızerne County</u> , ı	not only to you	ur participan	ts:
	Child Care		Clothing	
Drug & Alcohol Counseling	Education			nent Assistance
•	Housing Counselin		ousing Placeme	
	nformation & Refe		Legal Se	
	Mental Health Cou	_	Permane	•
<u>X</u> Permanent Supportive Housing	Prescriptio	n Assistance	Rental As	
	Soup Kitchen	· ,		nal Housing
Transportation To ther, please list:	Craveler's Aid Ass	istance	Utility a	ssistance
OHICL DICASE HSL.				

Program Name: _St. Hedwig's Veterans Village		
Agency: Catholic Social Services- Wyoming Valley		
Address: <u>207 Zerby Ave.</u> City: <u>Edwardsville</u>		
Program Contact Person: <u>Luke Malonis</u> Phone Number: <u>570-714-8862</u>		
Fax Number: <u>570-714-8862</u> email address: <u>hlyons@csswb.org</u>		
Hours of Operation: _9-5, Monday through Friday		
Affiliation: X Private non profit Local Government State Government	nment	
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		
$\underline{\mathbf{X}}$ two parent families with child (children) $\underline{\mathbf{X}}$ Female parent with child (children)		
X Male parent with child (children) Unaccompanied youth		
Children onlyOther, explain:		
Eligibility requirements:		
Veteran <u>X</u> YesNo NA		
Domestic Violence YesNoNA		
Homeless certification: <u>X</u> YesNoNA		
At Risk of Homelessness CertificationYesNoNA		
Permanent Disability Certification YesNoNA		
Household IncomeYesNoNA		
Luzerne County Residency Requirement YesNoNA		
If yes, how long?		
TYPE OF PROJECT:Emergency ShelterTransitional Housing		
X Permanent Supportive Housing Supportive Services Other		
SERVICE/ASSISTANCE- please check the <u>primary services</u> your agency or program	provides to	
ALL homeless populations in Luzerne County, not only to your participants: Case Management Child Care Clothing		
Case Management Child Care Clothing Educational Activities Employment Assistance	na.	
Food Pantry Housing Counseling Housing Placement Assistance		
Medical CareMental Health CounselingPermanent Housing		
X Permanent Supportive Housing Prescription Assistance Rental Assistance		
Shelter Soup Kitchen Transitional Housing		
Transportation Traveler's Aid Assistance Utility assistance		
Other, please list:		

Program Name: _ <u>Veterans Permanent Su</u>	oportive Housing Program (VA PSHP)
Agency: Catholic Social Services- Wyomi	ng Valley
Address: <u>207 Zerby Ave</u> City: <u>Kingst</u>	<u>on</u>
Program Contact Person: <u>Luke Malonis</u>	
Fax Number: email	address:

Program Name: <u>CYC Homeless Child Care</u>
Agency: Catholic Youth Center
Address: _36 S. Washington St. City: Wilkes-Barre
Program Contact Person: <u>Mark Soprano</u> Phone Number: <u>570-823-6121</u>
Fax Number: <u>570-826-0175</u> email address: <u>msoprano@wyomingvalleycyc.org</u>
Hours of Operation: <u>24/7</u>
Affiliation: X 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 olderSingle female,18 and older
Two parent family with child (children)Female parent with child (children)
Male parent with child (children) Unaccompanied youth
X Children only Other, explain:
Eligibility requirements: Veteran Yes NO NA

Domestic Violence YesNo NA
Homeless certification: X Yes No NA
At Risk of Homelessness CertificationYesNoNA
Permanent Disability Certification YesNoNA
Household IncomeYesNoNA
Luzerne County Residency Requirement YesNoNA
If yes, how long?
TYPE OF PROJECT:Emergency ShelterTransitional Housing
Permanent Supportive Housing X Supportive Services Other
SERVICE/ASSISTANCE- please check the <u>primary services</u> your agency or program provides
ALL homeless populations in Luzerne County, not only to your participants:
Case ManagementX Child Care Clothing
Drug & Alcohol Counseling
Food Pantry Housing Counseling Housing Placement Assistance
IncomeInformation & ReferralLegal Services
Medical CareMental Health CounselingPermanent Housing
Permanent Supportive HousingPrescription AssistanceRental Assistance
ShelterSoup KitchenTransitional Housing
Transportation Traveler's Aid Assistance Utility assistance
Other, please list:

Program Name: <u>Luzerne County HMIS</u>	
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: <u>570-829-1665</u> email address: <u>bgomb@ceopeoplehelpingpeople.org</u>	
Hours of Operation: 8:30 to 5, Monday through Friday	
Affiliation: X Private non profit Local Government State Government	ent
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 onlyOther, explain:	
Eligibility aggrigaments. Not Applicable	
Eligibility requirements: Not Applicable. Veteran Yes No NA	
Domestic Violence YesNoNA	
Homeless certification: YesNoNA	
At Risk of Homelessness Certification YesNoNA	
Permanent Disability Certification YesNoNA	
Household Income YesNo NA	
Luzerne County Residency Requirement YesNoNA	
If yes, how long?	
TYPE OF PROJECT: Emergency Shelter Transitional Housing	
Permanent Supportive Housing Supportive Services $\underline{\mathbf{X}}$ 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 HousingPrescription Assistance Rental Assistance	
ShelterSoup Kitchen Transitional Housing	
Transportation Traveler's Aid Assistance Utility assistance	
X Other please list: CoC Data Collection and Evaluation System.	

Progr	ram Name: CEO Services					
Agen	cy: Commission on Economic	Opportunity	<u>y</u>			
Addr	ess: P.O. Box 1127, 165 Amber	Lane City:	Wilkes	-Barre		
Progr	am Contact Person: Barbara G	omb Phon	e Numb	er: <u>570-8</u>	826-0510, ex	<u>t. 250</u>
Fax N	Number: <u>570-829-1665</u>	email addres	s: bgon	nb@ceop	eoplehelpin	gpeople.org
Hour	s of Operation: 8:30 to 5, Mond	ay through l	<u>Friday</u>			
Affili	ation: $\underline{\mathbf{X}}$ Private non profit	I	Local G	overnme	nt	State Government
F	Public Housing Agency Fu	nder F	Faith- ba	ased	Busines	SS
			, DEGG		•	
Poni	lation to be served, check all tl	PROGRAM nat apply:)N	
_		ar appij		_	C1- 10	1 -1.1
$\frac{\mathbf{X}}{\mathbf{v}}$	Single male, 18 and older	.!1.1\	$\frac{\mathbf{X}}{\mathbf{v}}$	_	female,18 and	
X	two parent families with child (cl		<u>X</u>		-	child (children)
<u>X</u>	Male parent with child (children				ompanied you	
	Children only	0	mer, exp	nam		
Eligi	bility requirements:					
	Veteran		<u>X</u>	Yes	No	NA
	Domestic Violence		<u>X</u>	Yes	No	NA
	Homeless certification:		<u>X</u>	Yes	No	NA
	At Risk of Homelessness Cert	ification	<u>X</u> _	Yes	No	NA
	Permanent Disability Certifica	tion	$\underline{\mathbf{X}}$	Yes	No	NA
	Household Income		$\underline{\mathbf{X}}$	Yes	No	NA
Luzerne County Residency Requirement		<u>X</u> _	Yes	No	NA	
	If yes, how long? _At	least one yea				
TXID	E OE DDO IECT. V Emanage	. Chaltan	-	Гио и о :4: о и	al Hausina	
	E OF PROJECT: X Emergency					
1	Permanent Supportive Housing	<u>A</u> Supportive	e Servic	ees	Other _	
SER	VICE/ASSISTANCE:					
<u>X</u>	Case Management	Child Car	æ		Clothing	g
	-	Education		vities	_	nent Assistance
<u>X</u>	•	ng Counselin			sing Placemer	
	_	\mathbf{X} Information	_		Legal Se	
	·	 Mental H			_	
	Permanent Supportive Housing			_	$\overline{\mathbf{X}}$ Rental As	•
<u>X</u>	• • • • • • • • • • • • • • • • • • • •	Soup Kite				onal Housing
	Transportation X Traveler's Aid Assistance X Utility assistance			•		
<u>X</u>	Other, please list: will assess on				_	
	re listed above is subject to eligibi					

Progr	am Name: CEO Supportive Services foi	<u>: Veterans</u>	Familie	s (SSVF)		
	cy: Commission on Economic Opportu					
Addre	ess: P.O. Box 1127, 165 Amber Lane Ci	ity: Wilkes	s-Barre			
Progr	am Contact Person: Ian Hughes Ph	none Numb	oer: <u>570-8</u>	<u>826-0510, ex</u>	<u>t. 235</u>	
Fax N	Number: <u>570-829-1665</u> email add	ress: <u>ihug</u> l	hes@ceo	peoplehelpii	ngpeople.org	
Hours	s of Operation: 8:30 to 5, Monday through	gh Friday				
Affili	ation: $\underline{\mathbf{X}}$ Private non profit	_ Local G	overnmei	nt	State Governmen	ıt
P	bublic Housing Agency Funder	_ Faith- ba	ased	Busines	SS	
	PROGR	AM DESC	CRIPTIO	N		
Popu	lation to be served, check all that apply	Not Ap	plicable			
<u>X</u>	Single male,18 and older	$\underline{\mathbf{X}}$	Single	female,18 and	l older	
X	two parent families with child (children)		-		child (children)	
X	Male parent with child (children)	<u>-</u>		mpanied you		
	Children only	_Other, exp				
	***	T 7	T 7	3.7	27.4	
	Veteran- a must	<u>X</u>	Yes	No	NA	
	Domestic Violence- considered			No	NA	
	Homeless certification:		Yes		NA	
	At Risk of Homelessness Certification		Yes	No	NA	
	Permanent Disability Certification-cons				NA	
	Household Income	$\frac{\mathbf{X}}{\mathbf{v}}$		No	NA	
	Luzerne County Residency Requiremen	· 	Yes	No	NA	7 🛦
Convi	If yes, how long? _At least one	<u>year, but</u>	will cons	ider engible	veteran from v	A
	<u>ce Area.</u> E OF PROJECT: Emergency Shelte	r 7	Fransition	nal Housing		
	ermanent Supportive Housing X Suppor			_		
	ormanent supportive frousing 22 suppor	tive belvie	.05	outer _		
SERV	VICE/ASSISTANCE:					
\mathbf{X}	Case Management Child	Care		Clothing	5	
	Drug & Alcohol Counseling Educa	tional Activ	vities	X Employm	nent Assistance	
	Food Pantry <u>X</u> Housing Counse	eling	X Hous	sing Placemer	nt Assistance	
	Income $\underline{\mathbf{X}}$ Informa	tion & Refe	erral	Legal Se	ervices	
	Medical Care Menta	ıl Health Co	ounseling	Permane	ent Housing	
	Permanent Supportive HousingPrescri	-	tance	X Rental As		
		Kitchen			onal Housing	
	-	eler's Aid A	ssistance	$\underline{\mathbf{X}}$ Utility ass	istance	
	Other please list:					

Program Name: <u>CEO Permanent Supportiv</u>		ervices		
Agency: Commission on Economic Opportu	<u>unity</u>			
Address: P.O. Box 1127, 165 Amber Lane (City: Wilkes-	<u>Barre</u>		
Program Contact Person: Barbara Gomb I	Phone Numbe	er: <u>570-826-0</u>	510, ext. 250	
Fax Number: <u>570-829-1665</u> email ad	ldress: <u>bgom</u> l	b@ceopeopl	ehelpingpeople.org	
Hours of Operation: 8:30 to 5, Monday throu	<u>ugh Friday</u>			
Affiliation: $\underline{\mathbf{X}}$ Private non profit	Local Go	vernment	State Government	
Public Housing Agency Funder	Faith- bas	sed	Business	
PROGE	RAM DESCI	RIPTION		
Population to be served, check all that appl				
X Single male,18 and older	<u>X</u>	Single femal	e,18 and older	
 X Single male,18 and older X two parent families with child (children) X Male parent with child (children) 		Female parer	nt with child (children)	
X Male parent with child (children)		Unaccompan	nied youth	
Children only	Other, expl	ain:		
Eligibility requirements:				
	X Yes	No	NA	
	X Yes	No	NA	
	X Yes		NA	
	X Yes	No	NA	
	X Yes	No	NA	
	Yes	No	NA	
	X _ Yes	No	NA	
If yes, how long? _At least on	<u>e year</u>			
TYPE OF PROJECT: Emergency Shelt	ter Tı	ransitional Ho	ousing	
X Permanent Supportive HousingSupp			Other	
SERVICE/ASSISTANCE:				
_	d Care		Clothing	
	cational Activi		Employment Assistance	
Food Pantry Housing Counseling Housing Placement Assistance				nce
	rmation & Ref		Legal Services	
	ital Health Cou	_	Permanent Housing	
Y Permanent Supportive Housing Prescuping Shalter Limited basis	-		Rental Assistance	
Shelter - limited basisSoup Transportation Trav			Transitional Housing Utility assistance	
Other, please list:	voici s Aiu Asi	S151411CC	Omity assistance	

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 **X** Private non profit ___ Local Government ___ State Government Affiliation: ____ 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) Unaccompanied youth Other, explain: _____ Children only Veteran- a must \mathbf{X} Yes ___No NA Domestic Violence- considered Yes ___No NA ___No Homeless certification: $\underline{\mathbf{X}}$ Yes NA $\underline{\mathbf{X}}$ No At Risk of Homelessness Certification Yes NA ____ Yes ___ No Permanent Disability Certification-considered NA Household Income \mathbf{X} Yes No NA Luzerne County Residency Requirement X Yes __ No NA If yes, how long? _At least one year, but will consider eligible Veteran from VA Service Area. **TYPE OF PROJECT:** ____ Emergency Shelter **X** Transitional Housing ____ Permanent Supportive Housing _____ Supportive Services ____ Other _____ **SERVICE/ASSISTANCE:** ___ Child Care ___ Clothing Case Management Drug & Alcohol Counseling ___ Educational Activities ___ Employment Assistance Housing Placement Assistance Food Pantry ____Housing Counseling ___ Legal Services Income ___Information & Referral Medical Care ___ Mental Health Counseling ___ Permanent Housing Permanent Supportive Housing ____Prescription Assistance Rental Assistance ___Soup Kitchen **X** Transitional Housing Shelter Transportation ___ Traveler's Aid Assistance ___ Utility assistance Other, please list:

Program Name: The Wright Center I	or Community Health
Agency: Children's Service Center	
Address: 335 S. Franklin St.	City: Wilkes-Barre
Program Contact Person: Laurie Lane	Phone Number: <u>570-591-5283</u>
Fax Number: <u>570-230-0013</u> email ad	dress:Laurie_Lane@chs.net
Hours of Operation: Monday - Friday	y 8:30 AM – 5 PM
Affiliation: Private non profit	Local Government State Governmen
Public Housing Agency Fur	nder Faith- based Business
I	PROGRAM DESCRIPTION
Population to be served, check all th	at apply:
X Single male,18 and older	X Single female,18 and older
	ren) X Female parent with child (children)
X Male parent with child (children)	Unaccompanied youth
Children only	Other, explain:
Eligibility requirements:	
Veteran	YesNoNA
Domestic Violence	YesNoNA
Homeless certification:	YesNoNA
At Risk of Homelessness Certi	
Permanent Disability Certificat	
Household Income	YesNoNA
Luzerne County Residency Rec	
If yes, how long?	-
•	cy Shelter Transitional Housing
Permanent Supportive Housing _	
SERVICE/ASSISTANCE:	d Cours
Case Management Child	
	Educational Activities Employment Assistance sing Counseling Housing Placement Assistance
	mation & Referral Legal Services
	ntal Health Counseling Permanent Housing
	Prescription Assistance Rental Assistance
	Kitchen Transitional Housing
	eler's Aid Assistance Utility assistance
Other please list:	•

Program Name: Department of Human Services-Luzerne CAO	
Agency: <u>DPW/Luzerne Co. Assistance Office</u>	
Address: 205 S. Washington St. City: Wilkes-Barre	
Program Contact Person: Karl Polt Phone Number: 570-826-2278	
Fax Number: <u>570-820-4876</u> email address: <u>kpolt@state.gov</u>	
Hours of Operation: Monday-Friday 8AM-5PM	
Affiliation: Private non profit Local Government State Government	ment
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 onlyX_Other, explain: SNAP, Public Assistance, Medical Assistance	
Eligibility requirements:	
Veteran YesNoNA	
Domestic Violence YesNoNA	
Homeless certification: Yes No NA	
At Risk of Homelessness Certification YesNoNA	
Permanent Disability Certification YesNoNA	
Household IncomeX_ YesNoNA	
Luzerne County Residency Requirement YesNoNA	
If yes, how long?	
TYPE OF PROJECT: Emergency Shelter Transitional Housing	
Permanent Supportive Housing Supportive Services X Other	
SERVICE/ASSISTANCE:	
Case Management Child Care Clothing	
Drug & Alcohol Counseling Educational Activities Employment Assistance	ce
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	
X Other, please list: SNAP, Medical Assistance, Cash Assistance, LIHEAP	

Program Name: Domestic Violence Program; I	Bridge Housing Program
Agency: Domestic Violence Service Center, In	<u>ıc.</u>
Address: P.O. Box 2177 City: Wilkes-Barr	<u>re</u>
Program Contact Person: Paula Triano Pho	one Number: <u>570 823 6799</u>
Fax Number: 570-821-0475 email address: ptr	iano@dvsclc.org
Hours of Operation: 24/7	
<u> </u>	Local Government State Government
Public Housing Agency Funder	
PROGRA	M DESCRIPTION
Population to be served, check all that apply:	
Single male,18 and olderX_	Single female,18 and older
Two parent family with child (children) X	_
	Unaccompanied youth
Children only	Other, explain:
Eligibility requirements:	
Veteran	Yes <u>X</u> _No NA
Domestic Violence	<u>X</u> YesNoNA
Homeless certification:	_ <u>X</u> _ YesNoNA
At Risk of Homelessness Certification	Yes _ <u>X</u> _No NA
Permanent Disability Certification	Yes _ X _No NA
Household Income	X_ YesNoNA
Luzerne County Residency Requirement	YesNo NA
If yes, how long? Program :	
TYPE OF PROJECT: X Emergency Shelter	
Permanent Supportive Housing Support	_
SERVICE/ASSISTANCE:	
Case Management Child Care	Clothing
Drug & Alcohol Counseling Educati	
	eling Housing Placement Assistance
	Referral Legal Services
Medical Care Mental Health C	Counseling Permanent Housing
Permanent Supportive Housing Prescrip	
X ShelterSoup Kitchen	_X_ Transitional Housing
Transportation Traveler's Aid A	Assistance Utility assistance
Other, please list:	

Program Name: Domestic Violence, Bridge I	Housing, See Yourself Succeed Programs
Agency: Domestic Violence Service Center ,	Inc.
Address: P.O. Box 2177 City: Wilkes-Ba	<u>arre</u>
Program Contact Person: Paula Triano P	Phone Number: <u>570-823-6799</u>
Fax Number: <u>570-821-0475</u> email address: <u>p</u>	
Hours of Operation: <u>24/7</u>	
	Local Government State Government
Public Housing Agency Funder	
PROGR	RAM DESCRIPTION
Population to be served, check all that apply	
Single male,18 and older	X Single female,18 and older
Two parent family with child (children)	_
- · · · · · · · · · · · · · · · · · · ·	Unaccompanied youth
	Other, explain:
•	
Eligibility requirements:	
Veteran	Yes _ X _No NA
Domestic Violence	_ <u>X</u> YesNoNA
Homeless certification:	<u>X</u> Yes <u>No</u> NA
At Risk of Homelessness Certification	Yes <u>X</u> No NA
Permanent Disability Certification	Yes <u>X</u> _No NA
Household Income	
Luzerne County Residency Requireme	_
If yes, how long?	
TYPE OF PROJECT: X Emergency Shelte	
Permanent Supportive Housing X Sup	_
supportant and assume sup	o
SERVICE/ASSISTANCE:	
_X _Case Management Child Care	Clothing
	eational Activities Employment Assistance
Food Pantry Housing Cou	inseling _X _ Housing Placement Assistance
Income Information &	& Referral Legal Services
Medical Care Mental Healt	h Counseling Permanent Housing
Permanent Supportive Housing Prescription	ription Assistance <u>X</u> Rental Assistance
ShelterSoup Kitchen	_
	d Assistance Utility assistance
Other, please list:	

Program Name: <u>HELPLINE</u>	
Agency: Family Services Association	
Address: 31 W. Market St. City: Wilkes-Bar	rre
Program Contact Person: Tom Foley Phone Nu	
Fax Number: <u>570-829-5055</u> email address: <u>hel</u>	· · · · · · · · · · · · · · · · · · ·
Hours of Operation: 24/7 Emergency Hotline	
	Local Government State Government
Public Housing Agency Funder	
PROGRA	AM DESCRIPTION
Population to be served, check all that apply	7:
Single male,18 and older	_ Single female,18 and older
_	Female parent with child (children)
Male parent with child (children)	Unaccompanied youth
Children only	Other, explain:
Eligibility requirements:	
Veteran	YesNoNA
Domestic Violence	YesNoNA
Homeless certification:	YesNoNA
At Risk of Homelessness Certification	YesNoNA
Permanent Disability Certification	YesNoNA
Household Income	YesNoNA
Luzerne County Residency Requirement	
If yes, how long?	
TYPE OF PROJECT: Emergency Shelte	
Permanent Supportive Housing Supp	
SERVICE/ASSISTANCE:	CL 11
Case Management Child Care	Clothing
-	ational Activities Employment Assistance aseling Housing Placement Assistance
I rood Failty Indusing County Information &	-
	Counseling Permanent Housing
Permanent Supportive Housing Prescri	-
ShelterSoup Kitchen	Transitional Housing
Transportation Traveler's Aid	_
Other please list:	•

Program Name: Housing Authority of the City of	of Hazleton		
Agency: Hazleton Housing Authority			
Address: <u>320 West Mine St.</u> City: <u>Hazleton</u>			
Program Contact Person: Carol Weston Phon	ne Number: <u>570-</u>	<u> 455-9503</u>	
Fax Number: 570-455-8553 email address:			
Hours of Operation: 8:30AM – 4PM			
Affiliation: Private non profit	Local Governm	ent	State Government
_X _ Public Housing Agency Funder	Faith- based	Busine	ess
PROGRAM	M DESCRIPTI	ON	
Population to be served, check all that apply:			
\underline{X} Single male,18 and older \underline{X}	_ Single female,1	8 and older	
\underline{X} Two parent family with child (children) \underline{X}	_ Female parent v	with child (chile	dren)
_	Unaccompanied y		
Children onlyC	Other, explain:		
Eligibility requirements:			
Veteran	<u>X</u> Yes	No	NA
Domestic Violence	_ <u>X</u> _ Yes	No	NA
Homeless certification:	Yes	<u>X</u> _No	NA
At Risk of Homelessness Certification	Yes	<u>X</u> _No	NA
Permanent Disability Certification	_X _ Yes	No	NA
Household Income	_ <u>X</u> _ Yes		NA
Luzerne County Residency Requirement			NA
If yes, how long?			
TYPE OF PROJECT: Emergency Shelter		onal Housing	
Permanent Supportive Housing Support	tive Services	<u>X</u> C	Other
SERVICE/ASSISTANCE:			
Case Management Child Care	C	Clothing	
Drug & Alcohol Counseling Educatio		•	ment Assistance
Food Pantry Housing Counse.			
Income Information & R	eferral L	Legal Services	
Medical Care Mental Health C	ounseling X Per	rmanent Housin	ng
Permanent Supportive Housing Prescripti			
ShelterSoup Kitchen		Transitional Ho	-
Transportation Traveler's Aid As	ssistance U	Jtility assistanc	e
Other, please list:			

Program Name: <u>Luzerne County Housing Auth</u>	<u>ority</u>
Agency: Housing Authority	
Address: 250 First Ave. City: Kingston	
Program Contact Person:	Phone Number: <u>570-287-9661</u>
Fax Number: email address:	
Hours of Operation:	
Affiliation: Private non profit1	Local Government State Government
Public Housing Agency Funder]	Faith- based Business
PROGRAM	M DESCRIPTION
Population to be served, check all that apply:	
Single male,18 and older S	Single female,18 and older
-	Female parent with child (children)
	Unaccompanied youth
Children only	Other, explain:
Eligibility requirements:	
Veteran	YesNoNA
Domestic Violence	
Homeless certification:	YesNo NA
At Risk of Homelessness Certification	YesNo NA
Permanent Disability Certification	YesNo NA
Household Income	YesNoNA
Luzerne County Residency Requirement	YesNoNA
If yes, how long?	
TYPE OF PROJECT: Emergency Shelter	_
Permanent Supportive Housing Support	tive Services Other
SERVICE/ASSISTANCE:	
Case Management Child Care	Clothing
Drug & Alcohol Counseling Educatio	onal Activities Employment Assistance
Food Pantry Housing Counsel	ling Housing Placement Assistance
Income Information & Re	
Medical Care Mental Health Co	ounseling Permanent Housing
Permanent Supportive Housing Prescripti	on Assistance Rental Assistance
ShelterSoup Kitchen	Transitional Housing
Transportation Traveler's Aid As	ssistance Utility assistance
Other, please list:	

Program Name: Housing Authority
Agency: Housing Authority of the City of Nanticoke
Address: Park Towers, 1 East Green St. City: Nanticoke
Program Contact Person: Ryan Verazin, Executive Director Phone Number: 570-735-1110
Fax Number: <u>570-735-1111</u> email address: <u>rverazin@nanticokehousing.org</u>
Hours of Operation: Monday-Friday 8AM-4PM
Affiliation: Private non profit <u>X</u> 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
<u>X</u> Two parent family with child (children) <u>X</u> Female parent with child (children)
_X _ Male parent with child (children) Unaccompanied youth
Children onlyX Other, explain: <u>Disabled adults, senior and near senior citizens</u>
Eligibility requirements:
Veteran YesNo NA
Domestic Violence YesNo NA
Homeless certification: Yes No NA
At Risk of Homelessness Certification YesNo NA
Permanent Disability Certification X Yes No NA
Household Income YesNo NA
Luzerne County Residency Requirement Yes No NA
If yes, how long?
TYPE OF PROJECT: Emergency Shelter Transitional Housing
Permanent Supportive Housing Supportive Services X Other: Public Low
Income Housing
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 CounselingX _ Permanent Housing
Permanent Supportive Housing Prescription Assistance Rental Assistance
Shelter Soup Kitchen Transitional Housing
TransportationTraveler's Aid Assistance Utility assistance
Other places list:

Program Name: <u>Pittston Housing Authority</u>	
Agency: Housing Authority	
Address: 500 Kennedy Blvd. City: Pittsto	<u>n</u>
Program Contact Person:	_ Phone Number: <u>570-655-3707</u>
Fax Number:	email address:
Hours of Operation:	
Affiliation: Private non profit I	Local Government State Government
Public Housing Agency Funder F	Faith- based Business
PROGRAM	I DESCRIPTION
Population to be served, check all that apply:	
Single male,18 and older S	Single female, 18 and older
_	Gemale parent with child (children)
	Jnaccompanied youth
	ther, explain:
	_
Eligibility requirements:	
Veteran	YesNoNA
Domestic Violence	YesNoNA
Homeless certification:	YesNoNA
At Risk of Homelessness Certification	YesNoNA
Permanent Disability Certification	YesNoNA
Household Income	YesNoNA
Luzerne County Residency Requirement	YesNoNA
If yes, how long?	
TYPE OF PROJECT: Emergency Shelter	
Permanent Supportive Housing Supporti	_
remainent supportive flousing supporti	One
SERVICE/ASSISTANCE:	
Case Management Child Care	Clothing
Drug & Alcohol Counseling Education	<u> </u>
Food Pantry Housing Counseli	ing Housing Placement Assistance
Income Information & Re	
Medical Care Mental Health Co	ounseling Permanent Housing
Permanent Supportive Housing Prescription	
ShelterSoup Kitchen	Transitional Housing
Transportation Traveler's Aid Ass	sistance Utility assistance
Other, please list:	

Program Name: Wilkes-Barre City Hous	sing Authority
Agency: <u>Housing Authority</u>	
Address: 50 Lincoln Plaza City: Wilke	es-Barre
Program Contact Person: Judy Kosloski	Phone Number: <u>570-825-6657</u>
Fax Number:	email address:
Hours of Operation:	
	Local Government State Governmen
Public Housing Agency Funder	
PRO	OGRAM DESCRIPTION
Population to be served, check all that a	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)	
Children only	Other, explain:
Eligibility requirements:	
Veteran	YesNoNA
Domestic Violence	YesNoNA
Homeless certification:	YesNoNA
At Risk of Homelessness Certifica	
Permanent Disability Certification	
Household Income	YesNoNA
Luzerne County Residency Requir	
If yes, how long?	
TYPE OF PROJECT: Emergency S	
Permanent Supportive Housing	Supportive Services Other
SERVICE/ASSISTANCE:	
Case Management Child Ca	are Clothing
Drug & Alcohol Counseling 1	Educational Activities Employment Assistance
Food Pantry Housing	Counseling — Housing Placement Assistance
Income Informati	tion & Referral Legal Services
Medical Care Mental I	Health Counseling Permanent Housing
Permanent Supportive HousingF	Prescription Assistance Rental Assistance
-	chen Transitional Housing
	's Aid Assistance Utility assistance
Other, please list:	

Program Name: Permanent Supportive I	Housing Program
Agency: Housing Development Corpora	<u>tion</u>
Address: 163 Amber Ln. City: Wilkes	s-Barre
Program Contact Person: Kaitlin Cranda	<u>Il</u> Phone Number: <u>570-824-4803</u> , ext. <u>25</u>
Fax Number: <u>570-970-9193</u> email address	:kcrandall@hdcnepa.org
Hours of Operation: Monday-Friday 8:30	OAM-5PM
<u> </u>	Local Government State Governmen
Public Housing Agency Funder	
PRO	OGRAM DESCRIPTION
Population to be served, check all that a	pply:
_X _ Single male,18 and older	\underline{X} Single female, 18 and older
X Two parent family with child (children)	
_X _ Male parent with child (children)	Unaccompanied youth
_X _Children only	Other, explain:
Eligibility requirements:	
Veteran	Yes X _NoNA
Domestic Violence	Yes <u>X</u> _No NA
Homeless certification:	
At Risk of Homelessness Certificat	
Permanent Disability Certification	
Household Income	
Luzerne County Residency Require	
If yes, how long?1	
TYPE OF PROJECT: Emergency S	
_X Permanent Supportive Housing	
SERVICE/ASSISTANCE:	
Case Management Child Ca	
	Educational Activities Employment Assistance
	Counseling Housing Placement Assistance
	ion & Referral Legal Services
	Health Counseling Permanent Housing
	rescription Assistance Rental Assistance
	chen Transitional Housing s Aid Assistance Utility assistance
TransportationTraveler's Other, please list:	o Aid Assistance Utility assistance
Calci, Dicase list.	

Program Name: Rapid Rehousing for Families			
Agency: Housing Development Corporation of N	NEPA		
Address: 163 Amber Lane	City: Wilkes	-Barre	
Program Contact Person: Kaitlin Crandall Phone	Number: 570-8	824-4803, ext.	<u> 25</u>
Fax Number: <u>570-970-9193</u> email address: <u>kcrand</u> :	all@hdcnepa.	org	
Hours of Operation:			
Affiliation: <u>X</u> Private nonprofit Local Go	vernment	State Go	vernment
Public Housing Agency Funder F			
	DESCRIPTION	ON	
Population to be served, check all that apply:			
	ngle female,18 a		
X Two parent family with child (children)			ld (children)
X Male parent with child (children)			
Children onlyOt	her, explain:		
Eligibility requirements:			
Veteran		 _X_No	NA
Domestic Violence		_ <u>X</u> _No	
Homeless certification:		No	
At Risk of Homelessness Certification		No	
Permanent Disability Certification		<u>X</u> _No	
Household Income		_ <u></u> No	
Luzerne County Residency Requirement			NA
If yes, how long?12 months		110	1171
TYPE OF PROJECT: Emergency Shelter		nal Housing	
Permanent Supportive Housing Supportive			ReHousing
Other			9
SERVICE/ASSISTANCE:			
X_Case Management Child Care		Clothing	
Drug & Alcohol Counseling Education	al Activities	Employm	ent Assistance
Food Pantry Housing Counseling	ng <u>X</u> H	lousing Placeme	ent Assistance
Income Information & Re		C	
Medical Care Mental Health Cou	~		~
Permanent Supportive Housing Prescriptio			
ShelterSoup Kitchen		ransitional Hous	•
Transportation Traveler's Aid Ass	istance X U	Itility assistance	
Other, please list:			

Program Name: Independent Living	
Agency: Luzerne County Children and You	<u>ıth</u>
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	I; Summer: 8AM – 4PM
	<u>X</u> Local Government <u>X</u> State Government
Public Housing Agency Funder	
PD o CD	AAA DEGGDYDTYON
	RAM DESCRIPTION
Population to be served, check all that apply	y:
_X _ Single male,18 and older _	\underline{X} Single female, 18 and older
\underline{X} Two parent family with child (children)	
X _ Male parent with child (children)	
X _Children only	<u>X</u> _Other, explain
Eligibility requirements:	
Veteran	YesNoNA
Domestic Violence	YesNo NA
Homeless certification:	YesNo NA
At Risk of Homelessness Certification	
Permanent Disability Certification	YesNo NA
Household Income	YesNo NA
Luzerne County Residency Requireme	
If yes, how long?	
TYPE OF PROJECT: Emergency Shelt	
Permanent Supportive Housing X S	
SERVICE/ASSISTANCE:	
_	l Care Clothing
	ational Activities Employment Assistance
Food Pantry X _ Housing C	-
IncomeInformation &	
	h Counseling Permanent Housing
	ription AssistanceX Rental Assistance
Shelter Soup Kitchen	_
Transportation Traveler's Aid	d AssistanceX _ Utility assistance

Program Name: Hope for the Homeless Pr	<u>ogram</u>
Agency: Luzerne County Community Co	<u>llege</u>
Address: 133 S. Prospect St. City: Nantico	<u>ke</u>
Program Contact Person:	Phone Number: <u>570-817-2776</u>
Fax Number:	email address:
Hours of Operation: 8AM - 9PM	
	Local Government State Government
Public Housing Agency Funder	
PROC	GRAM DESCRIPTION
Population to be served, check all that ap	ply:
Single male,18 and older	Single female,18 and older
Single male,18 and older Two parent family with child (children)	Female parent with child (children)
Male parent with child (children)	
Children onlyXOther, e.	xplain: All ages, career and education/trainings, G.E.D
Eligibility requirements:	
Veteran	YesNoNA
Domestic Violence	YesNoNA
Homeless certification:	YesNoNA
At Risk of Homelessness Certification	on YesNoNA
Permanent Disability Certification	YesNoNA
Household Income	YesNoNA
Luzerne County Residency Requirer	ment YesNoNA
If yes, how long?	
TYPE OF PROJECT: Emergency Sho	
Permanent Supportive Housing X	_
SERVICE/ASSISTANCE:	
Case Management Child Care	Clothing
Drug & Alcohol CounselingX	Educational Activities Employment Assistance
	ounseling — Housing Placement Assistance
	n & Referral Legal Services
Medical Care Mental He	alth Counseling Permanent Housing
~ ~	escription Assistance Rental Assistance
Shelter Soup Kitch	
• ===	Aid Assistance Utility assistance
Other, please list:	

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 ___ Local Government ___ State Government **Affiliation:** _ X _ Private non profit ____ 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 **X** Children only Other, explain: **Eligibility requirements:** Veteran ____ Yes No ___ NA ___No ___ NA ____ Yes Domestic Violence _<u>X</u> _ Yes ___ NA ___No Homeless certification: ____ Yes ___No ___ NA At Risk of Homelessness Certification ____ Yes ___No Permanent Disability Certification ___ NA ___No Household Income ____ Yes ___ NA Luzerne County Residency Requirement ____ Yes ___No ___ NA If yes, how long? ___ Transitional Housing **TYPE OF PROJECT:** Emergency Shelter ___ Other Permanent Supportive Housing X Supportive Services **SERVICE/ASSISTANCE:** ___ Child Care Case Management ___ Clothing ___ Drug & Alcohol Counseling _X _ Educational Activities ___ Employment Assistance ___ Housing Placement Assistance ___ Food Pantry ___ Housing Counseling ___ Income ___ Information & Referral ___ Legal Services ___ Medical Care ___ Mental Health Counseling ___ Permanent Housing ____ Permanent Supportive Housing ____ Prescription Assistance ____ Rental Assistance ___ Transitional Housing ___ Shelter ___Soup Kitchen ____Traveler's Aid Assistance _____ Utility assistance ____ Transportation Other, please list:

Program Name: Community Development Block G	
Agency: Luzerne County Office of Community De	<u>evelopment</u>
Address: 54 West Union St. City: Wilkes-Barre	
Program Contact Person: <u>Jay Zupa</u> Phone Number	: <u>570-824-7214</u>
Fax Number: 570-829-2910 email address: jay.zup	a2@luzernecounty.org
Hours of Operation: Monday - Friday 9AM - 4:30	<u>PM</u>
Affiliation: Private non profitX I	Local Government State Government
Public Housing AgencyX _ Funder Fair	th- based Business
PROGRAM D	DESCRIPTION
Population to be served, check all that apply:	
Single male,18 and older Sing	gle female,18 and older
	nale parent with child (children)
	accompanied youth
	er, explain:
·	-
Eligibility requirements:	
Veteran	YesNoNA
Domestic Violence	YesNoNA
Homeless certification:	YesNoNA
At Risk of Homelessness Certification	YesNoNA
Permanent Disability Certification	YesNo NA
	YesNoNA
Luzerne County Residency Requirement	YesNoNA
If yes, how long?	
TYPE OF PROJECT: Emergency Shelter	
Permanent Supportive Housing Supportive	_
remainent supportive mousing supportive	<u> </u>
SERVICE/ASSISTANCE:	
Case Management Child Care	Clothing
Drug & Alcohol Counseling Educational	Activities Employment Assistance
Food Pantry Housing Counseling	Housing Placement Assistance
	rral Legal Services
Medical Care Mental Health Coun	seling Permanent Housing
Permanent Supportive Housing Prescription	Assistance Rental Assistance
•	Transitional Housing
• —	tance Utility assistance
Other, please list:	

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: <u>Ruth Parry</u> Phone Number: <u>570-826-8791</u>
Fax Number: email address: <u>ruth.parry@luzernecounty.org</u>
Hours of Operation: 8:30AM – 4:30PM
Affiliation: Private non profitX _ 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 olderX 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 onlyX Other, explain: Services All Ages-Genders
Eligibility requirements:
Veteran Yes NA
Domestic Violence YesNoXNA
Homeless certification: Yes No X NA
At Risk of Homelessness Certification YesNoXNA
Permanent Disability Certification YesNoXNA
Household IncomeX YesNo NA
Luzerne County Residency Requirement _X _ YesNoNA
If yes, how long?
TYPE OF PROJECT: Emergency Shelter Transitional Housing
Permanent Supportive HousingX 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
Food PantryHousing CounselingHousing Placement AssistanceIncomeXInformation & ReferralLegal Services
Medical CareMental Health CounselingPermanent Housing
Permanent Supportive Housing Prescription Assistance Rental Assistance
Shelter Soup Kitchen Transitional Housing
Transportation Traveler's Aid Assistance Utility assistance
Other, please list:

Program Name: <u>Luzerne/Wyoming Counties Me</u>	•
Agency: Luzerne/Wyoming Counties Mental He	ealth and Developmental Services
Address: 111 N. Pennsylvania Blvd.	City: Wilkes-Barre
Program Contact Person:	Phone Number: <u>570-825-9441</u>
Fax Number:	email address:
Hours of Operation: 8:30AM – 5PM	
Affiliation: Private non profit X	Local Government State Government
Public Housing Agency Funder F	
PROGRAM	I DESCRIPTION
Population to be served, check all that apply:	
Single male,18 and older S	ingle female,18 and older
Two parent family with child (children) F	emale parent with child (children)
Male parent with child (children) U	
Children only X Other, explain: All clients with	th mental health and intellectual disability needs
Eligibility requirements:	
Veteran	YesNo <u>X</u> NA
Domestic Violence	YesNo <u>X</u> NA
Homeless certification:	YesNo <u>X</u> NA
At Risk of Homelessness Certification	YesNo <u>X</u> NA
Permanent Disability Certification	YesNo X NA
Household Income	YesNo X NA
Luzerne County Residency Requirement	YesNoXNA
If yes, how long?	
TYPE OF PROJECT: Emergency Shelter	
Permanent Supportive Housing X Supportive Housing X	3
supp	0
SERVICE/ASSISTANCE:	
Case Management Child Care	Clothing
Drug & Alcohol Counseling Education	
Food Pantry Housing Counseli	ing Housing Placement Assistance
	eferral Legal Services
Medical CareX Mental Health	Counseling Permanent Housing
Permanent Supportive HousingPrescription	on Assistance Rental Assistance
ShelterSoup Kitchen	Transitional Housing
Shelter Soup Kitchen Transportation Traveler's Aid Ass	sistance Utility assistance
_X _ Other, please list: Support for clients who are	intellectually disabled

Program Name: _	
Agency: North Penn Legal Service	ees
Address: _33 N. Main St. Suite 200	City: Pittston
Program Contact Person:	Phone Number: <u>_570-299-4100</u>
Fax Number: <u>570-824-0001</u>	email address:
Hours of Operation: _	
Affiliation: Private non profi	t Local Government State Governmen
	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 (child	dren) Female parent with child (children)
Male parent with child (children)	Unaccompanied youth
Children only	Other, explain:
Eligibility requirements:	
Veteran	YesNoNA
Domestic Violence	YesNoNA
Homeless certification:	YesNoNA
At Risk of Homelessness Ce	
Permanent Disability Certific	
Household Income	YesNoNA
Luzerne County Residency F	
If yes, how long? _	
·	ency Shelter Transitional Housing
Permanent Supportive Housing	
SERVICE/ASSISTANCE:	
	nild Care Clothing
Drug & Alcohol Counseling	Educational Activities Employment Assistance
_	ousing Counseling — Housing Placement Assistance
Income Int	formation & ReferralX Legal Services
Medical Care Me	ental Health Counseling Permanent Housing
Permanent Supportive Housing	Prescription Assistance Rental Assistance
	up Kitchen Transitional Housing
TransportationTra	veler's Aid Assistance Utility assistance
Other, please list:	

Program Name: _	
Agency: Northeast Counseling	
Address: _130 W. Washington St.	City: <u>Nanticoke</u>
Program Contact Person:	Phone Number: <u>570-735-7590</u>
Fax Number: <u>570-812-0056</u>	email address: _
Hours of Operation:	
Affiliation: Private non profit	Local Government State Government
Public Housing Agency Funder	Faith- based Business
PROGE	RAM DESCRIPTION
Population to be served, check all that appl	y:
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	YesNoNA
Domestic Violence	YesNo NA
Homeless certification:	YesNoNA
At Risk of Homelessness Certification	YesNoNA
Permanent Disability Certification	YesNoNA
Household Income	YesNo NA
Luzerne County Residency Requireme	ent YesNo NA
If yes, how long? _	
TYPE OF PROJECT: Emergency Shelf	er Transitional Housing
Permanent Supportive Housing Sup	
SERVICE/ASSISTANCE:	
Case Management Child Care	Clothing
_	cational Activities Employment Assistance
Food Pantry Housing Cou	
Income Information	
Medical Care X _ Mental H	ealth Counseling Permanent Housing
Permanent Supportive HousingPresc	ription Assistance Rental Assistance
ShelterSoup Kitchen	Transitional Housing
Transportation Traveler's Ai	d Assistance Utility assistance
Other, please list:	

Program Name: PA CareerLink® Luzerne County
Agency: PA CareerLink® Luzerne County
Address: <u>32 East Union St.</u> City: <u>Wilkes-Barre</u>
Address: _75 North Laurel St. City: _Hazleton
Program Contact Person: <u>Christine Jensen</u> Phone Number: <u>570-822-1101 ext. 3057</u>
Fax Number: <u>570-826-2443</u> email address: <u>christinejensen@lswib.org</u>
Hours of Operation: <u>8AM – 4:30PM</u>
Affiliation: X Private non profit 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
X Two parent family with child (children) X Female parent with child (children)
_X _ Male parent with child (children) _X _ Unaccompanied youth
Children onlyOther, explain:
Eligibility requirements:
Domestic Violence YesNoNA
Homeless certification: Yes No NA
At Risk of Homelessness Certification YesNoNA
Permanent Disability Certification YesNoNA
Household IncomeX YesNo NA
Luzerne County Residency RequirementX YesNoNA
If yes, how long?
TYPE OF PROJECT: Emergency Shelter Transitional Housing
Permanent Supportive Housing Supportive Services X Other
SERVICE/ASSISTANCE:
Case Management Child Care Clothing
Drug & Alcohol Counseling Educational Activities X 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
Sheller
Other, please list: _

Program Name: _	
Agency: RHC McKinney Clinic	
Address: <u>39 E. Jackson St.</u>	City: _Wilkes-Barre
Program Contact Person: Bernie Balut	Phone Number: <u>570-825-0881</u>
Fax Number: _	email address:
Hours of Operation: _	
	Local Government State Government
Public Housing Agency Funder	
PROGR.	AM DESCRIPTION
Population to be served, check all that apply	:
Single male,18 and older	_ Single female,18 and older
	Female parent with child (children)
Male parent with child (children)	Unaccompanied youth
Children only	_Other, explain:
Eligibility requirements:	
Veteran	YesNoNA
Domestic Violence	YesNo NA
Homeless certification:	YesNo NA
At Risk of Homelessness Certification	YesNo NA
Permanent Disability Certification	YesNo NA
Household Income	YesNo NA
Luzerne County Residency Requiremen	
If yes, how long? _	
TYPE OF PROJECT: Emergency Shelte	r Transitional Housing
Permanent Supportive Housing Supp	
	<u>—</u>
SERVICE/ASSISTANCE:	
Case Management Child Care	Clothing
-	ational Activities Employment Assistance
Food Pantry Housing Cour	e <u> </u>
Income Information &	<u> </u>
	Counseling Permanent Housing
Permanent Supportive Housing Prescri	-
ShelterSoup Kitchen	
Transportation Traveler's Aid	Assistance Utility assistance
Other, please list: _	

Program Name: Regional Housing Coord	inator Region 4
Agency: Self-Determination Housing Pro	oject of PA Inc.
Address: _717 E. Lancaster Ave.	City: _Downington
Program Contact Person: <u>Dawn Edwards</u>	Phone Number: <u>610-873-9595</u>
Fax Number:	email address: <u>dedwards@sdhp.org</u>
Hours of Operation:	
	Local Government State Government
Public Housing Agency Funder	
Proceed Population to be served, check all that ap	GRAM DESCRIPTION ply:
	Single female,18 and older
Two parent family with child (children)	
Male parent with child (children) Children only	
adults and people with disabilities. Do not	_X _Other, explain: Agency staff working with older
aduits and people with disabilities. Do not	t work with consumers unectry
Eligibility requirements:	
Veteran	YesNoNA
Domestic Violence	YesNoNA
Homeless certification:	YesNoNA
At Risk of Homelessness Certification	on YesNo NA
Permanent Disability Certification	YesNoNA
Household Income	YesNoNA
Luzerne County Residency Requirer	
If yes, how long? _	
TYPE OF PROJECT: Emergency She	elter Transitional Housing
Permanent Supportive Housing Su	C
SERVICE/ASSISTANCE:	
Case Management Child Care	Clothing
	lucational Activities Employment Assistance
	ounseling — Housing Placement Assistance
	n & Referral Legal Services
	alth Counseling Permanent Housing
	escription Assistance Rental Assistance
ShelterSoup Kitch	——————————————————————————————————————
-	Aid Assistance Utility assistance
X Other, please list: Connections & exp	planation of housing & housing supportive services

Program Name: <u>The Salvation Army</u>		
Agency: <u>The Salvation Army</u>		
Address: _17 S. Pennsylvania Ave.	City: Wilkes-Ba	arre
Program Contact Person: <u>Lt. Oziel Urbaez</u> Phone	e Number: <u>570-82</u> 4	<u>4-8741</u>
Fax Number: <u>570-824-1774</u> email address	s: <u>Oziel.Urbaez@</u>	USE.salvationarmy.org
Hours of Operation: <u>Tuesday – Thursday 9AM</u>	– 12PM (Appointn	nent Required)
Affiliation: X Private non profit L	ocal Government	State Government
Public Housing Agency FunderX _		
PPOCPAM	DESCRIPTION	
Population to be served, check all that apply:	DESCRIPTION	
\underline{X} Single male,18 and older \underline{X}	~	
\underline{X} Two parent family with child (children) \underline{X}	-	child (children)
X _ Male parent with child (children) U		
Children onlyOt	her, explain:	
Eligibility requirements:		
Veteran	Yes	_No NA
Domestic Violence	Yes	_No NA
Homeless certification:	Yes	_No NA
At Risk of Homelessness Certification		NoNA
Permanent Disability Certification	Yes	NoNA
Household Income	Yes	
Luzerne County Residency Requirement		
If yes, how long? _proof of resider		<u> </u>
TYPE OF PROJECT: Emergency Shelter		Housing
Permanent Supportive Housing X Supportive Housing		O
		
SERVICE/ASSISTANCE:		
Case Management Child Care	_ <u>X</u> Clo	
Drug & Alcohol Counseling Education		= -
	-	ng Placement Assistance
IncomeX Information &	_	
Medical Care Mental Health Co	•	9
Permanent Supportive Housing Prescription		
Shelter Soup Kitchen		•
- — — — — — — — — — — — — — — — — — — —	sistance Utility	
_X _ Other, please list: _Disaster services furnitu	<u>re voucners for fir</u>	e vicums

Program Name: Kirby Family House	
Agency: The Salvation Army	
Address: _35 North Pennsylvania Ave.	City: _Wilkes-Barre
Program Contact Person: Lisa Caruthe	rs Phone Number: <u>570-824-8380</u>
Fax Number: <u>570-824-8393</u> ema	ail address: <u>lisa.caruthers@use.salvationarmy.org</u>
Hours of Operation: <u>24/7</u>	
<u> </u>	Local Government State Governmen
Public Housing Agency Funde	
PR	OGRAM DESCRIPTION
Population to be served, check all that	
Single male,18 and older	_X _ Single female,18 and older
-	en) X Female parent with child (children)
_X _ Male parent with child (children)	
Children only	Other, explain:
Eligibility requirements:	
Veteran	YesNoNA
Domestic Violence	YesNoNA
Homeless certification:	resNoNA
At Risk of Homelessness Certification	
Permanent Disability Certification	
Household Income	
Luzerne County Residency Requi	
If yes, how long? <u>6 consectors</u> TYPE OF PROJECT: Emergency S	
Permanent Supportive Housing	
remanent supportive flousing	Supportive Services Office
SERVICE/ASSISTANCE:	
Case Management Child C	are Clothing
Drug & Alcohol Counseling	Educational Activities Employment Assistance
Food Pantry Housing	g Counseling Housing Placement Assistance
IncomeX Infor	mation & Referral Legal Services
	Health Counseling Permanent Housing
	Prescription Assistance Rental Assistance
_ <u>X</u> ShelterSoup Kit	- - -
Transportation Traveler	's Aid Assistance Utility assistance
Other, please list: _	

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: <u>Laurie Kivler</u>		
Fax Number: <u>570-827-4090</u>	email address: lkivler@stepbystepusa.com	
Hours of Operation: Emergency Bed (24 h	ours)	
Affiliation: X _ Private non profit	Local Government State Government	
Public Housing Agency Funder	Faith- based Business	
PROG	RAM DESCRIPTION	
Population to be served, check all that app	ly:	
_X _ Single male,18 and older	X Single female,18 and older	
	Female parent with child (children)	
	Unaccompanied youth	
_	X_Other, explain: Must have a mental health diagnosis	
and be an active, open B.S.U case		
Eligibility requirements:		
Veteran	YesNo <u>X</u> NA	
Domestic Violence	YesNo <u>X</u> NA	
Homeless certification:	YesNo <u>X</u> NA	
At Risk of Homelessness Certification	n YesNoX NA	
Permanent Disability Certification	YesNo X NA	
Household Income	YesNo X NA	
Luzerne County Residency Requirem	ent <u>X</u> Yes No NA	
If yes, how long? N/A (Wyo	ming County), must be an active/open B.S.U case	
TYPE OF PROJECT: _X _ Emergency S	helter Transitional Housing	
Permanent Supportive Housing Sup	pportive Services Other	
CEDALICE / A COLOR A NICE		
SERVICE/ASSISTANCE:	Clathing	
Case Management Child Care	Clothing	
	cational Activities Employment Assistance Counseling Housing Placement Assistance	
	& Referral Legal Services	
	th Counseling Permanent Housing	
Permanent Supportive Housing Pres		
	n _X _ Transitional Housing	
	ent may lead to a transitional housing referral for a	
D.L.S key transition		

Program Name: <u>United Way of Wyoming Va</u>	<u>lley</u>
Agency: _	
Address: _8 West Market St.	City: _Wilkes-Barre
Program Contact Person: Bill Jones	Phone Number: <u>570-829-6711 ext. 230</u>
Fax Number: _	email address: <u>bjones@unitedwaywb.org</u>
Hours of Operation: _8:30 AM – 4:30PM	
Affiliation: _X _ Private non profit	Local Government State Government
Public Housing AgencyX _ Funder	
PROGRA	M DESCRIPTION
Population to be served, check all that apply:	
Single male,18 and older	Single female,18 and older
	Female parent with child (children)
Male parent with child (children)	_ Unaccompanied youth
Children only	Other, explain:
Eligibility requirements:	
Veteran	YesNoNA
Domestic Violence	YesNoNA
Homeless certification:	YesNoNA
At Risk of Homelessness Certification	YesNoNA
Permanent Disability Certification	YesNoNA
Household Income	YesNoNA
Luzerne County Residency Requirement	
If yes, how long? _	
TYPE OF PROJECT: Emergency Shelter	Transitional Housing
Permanent Supportive Housing Suppo	
SERVICE/ASSISTANCE:	
Case Management Child Care	Clothing
_	ional Activities Employment Assistance
Food Pantry Housing Couns	
Income Information &	
Medical Care Mental Health	
	otion Assistance Rental Assistance
Shelter Soup Kitchen	Transitional Housing
Transportation Traveler's Aid A	_
Other, please list: _	

Program Name: <u>Luzerne REAL (Realistic Environment for Adolescent Living)</u>	
Agency: _Valley Youth House	
Address: <u>65 Public Square Suite 520</u> City: <u>Wilkes-Barre</u>	
Program Contact Person: Nichole Laiuvara Phone Number: 570-704-0626	
Fax Number: <u>570-704-1440</u> email address: <u>nlaiuvara@valleyyouthhouse.org</u>	
Hours of Operation: _	
Affiliation: X 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 olderX Single female, 18 and older *16-21	
Two parent family with child (children) X Female parent with child (children)	
X Male parent with child (children) Unaccompanied youth	
Children onlyXOther, explain:youth 16-21 who are involved v	<u>vith</u>
county or JPO or can re-enter care	
Eligibility requirements:	
VeteranYesX _NoNA	
Domestic Violence YesXNo NA	
Homeless certification: Yes _ <u>X</u> _NoNA	
At Risk of Homelessness Certification YesXNo NA	
Permanent Disability Certification YesXNo NA	
Household Income YesXNo NA	
Luzerne County Residency Requirement YesXNo NA	
If yes, how long? _	
TYPE OF PROJECT: Emergency Shelter Transitional Housing	
Permanent Supportive Housing Supportive ServicesX_ Other <u>Independent Living</u>	
SERVICE/ASSISTANCE:	
_X _Case Management Child CareX Clothing	
Drug & Alcohol Counseling Educational Activities X Employment Assistance	
Food Pantry X 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	
_X Transportation Traveler's Aid Assistance Utility assistance	
X Other please list: Temporary Housing through county or IPO	

Program Name: Luzerne County RRH for	<u>r Young Adults</u>	
Agency: Valley Youth House		
Address: <u>65 Public Square Suite 520</u>	City: _Wilkes-Barre	
Program Contact Person: Nichole Rios	Phone Number: <u>570-704-0626</u>	
Fax Number: <u>570-704-1440</u>	email address: <u>nlaiuvara@valleyyouthhouse.org</u>	
Hours of Operation: _		
Affiliation: <u>X</u> Private non profit	Local Government State Government	
Public Housing Agency Funder		
PROG	RAM DESCRIPTION	
Population to be served, check all that app	ply:	
Single male,18 and older	Single female,18 and older	
-	Female parent with child (children)	
	Unaccompanied youth	
_	_X_Other, explain: Youth between the age of 18 and 24	
•	Some HH age 18 to 24 with child(children)	
Eligibility requirements:		
Veteran	x YesNoNA	
Domestic Violence	x_ YesNoNA	
Homeless certification:	x YesNoNA	
At Risk of Homelessness Certificatio		
Permanent Disability Certification	YesNoNA	
Household Income	YesNoNA	
Luzerne County Residency Requirem		
If yes, how long? _		
TYPE OF PROJECT: Emergency She	lter Transitional Housing	
	pportive Services _x_ Other- Rapid ReHousing	
SERVICE/ASSISTANCE:		
_xCase Management Child Care	Clothing	
-	ucational Activities Employment Assistance	
Food Pantry Housing Counselingx Housing Placement Assistance		
	a & Referral Legal Services	
	alth Counseling Permanent Housing	
	scription Assistance _x_ Rental Assistance	
ShelterSoup Kitche		
Transportation Traveler's A	Aid Assistance Utility assistance	
Ouici, picase iist.		

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: <u>570-824-8521 ext 4039</u> Fax Number: _570-821-7299 email address: _margaret.maurer@va.gov Hours of Operation: _8-430 Monday to Friday on call worker nights/weekends ___ Local Government **Affiliation:** Private non profit 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 ___ 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 __ **X**__ Yes ___No ___ NA Domestic Violence ____ Yes ___No ___ NA Homeless certification: ____ Yes ___No ___ NA ____ Yes ___No ___ NA At Risk of Homelessness Certification ___ NA ___No Permanent Disability Certification ____ Yes ___ NA ___No Household Income _ **X**__ Yes Luzerne County Residency Requirement ____ Yes ___ NA ___No If yes, how long? _ ___ Transitional Housing **TYPE OF PROJECT:** ____ Emergency Shelter ____ Permanent Supportive Housing ____ Supportive Services Other **SERVICE/ASSISTANCE:** ___ Child Care _X _ Clothing _X __Case Management ____ Educational Activities ____ Employment Assistance **X** Drug & Alcohol Counseling ___ Food Pantry ___ Housing Counseling ___ Housing Placement Assistance ___ Income **X** _ Information & Referral _ Legal Services _X _ Medical Care _ X __ Mental Health Counseling ___ Permanent Housing ___ Rental Assistance ____ Permanent Supportive Housing ____ Prescription Assistance ___Soup Kitchen _X _ Transitional Housing Shelter Traveler's Aid Assistance ____ Utility assistance ___ Transportation ___ Other, please list: _

Program Name: <u>HUD/VASH-</u>	
Agency: <u>VAMC</u>	
Address: _1111 E. End Blvd.	City: _Wilkes-Barre
Program Contact Person: Maureen Rebar	Phone Number: <u>570-824-3521 ext 4449</u>
Fax Number: <u>570-821-7299</u>	email address:
Hours of Operation: Monday - Friday 8AM -	- 4:30PM
	Local Government State Government
Public Housing Agency Funder	
PROGRA	AM DESCRIPTION
Population to be served, check all that apply:	
_X _ Single male,18 and older	$\underline{\mathbf{X}}$ _ Single female,18 and older
\underline{X} Two parent family with child (children) \underline{X}	Female parent with child (children)
_X _ Male parent with child (children)	_ Unaccompanied youth
Children only	Other, explain:
Eligibility requirements:	
Veteran	_ <u>X</u> YesNo NA
Domestic Violence	YesXNo NA
Homeless certification:	_ <u>X</u> YesNo NA
At Risk of Homelessness Certification	Yes _ <u>X</u> No NA
Permanent Disability Certification	Yes <u>X</u> NoNA
Household Income	X YesNo NA
Luzerne County Residency Requirement	t YesNo X NA
If yes, how long? _	_
TYPE OF PROJECT: Emergency Shelter	Transitional Housing
_X Permanent Supportive Housing	
GEDYLCE /A COLOTA NOT	
SERVICE/ASSISTANCE:	Clathing
_XCase Management Child C Drug & Alcohol Counseling Educat	-
	unseling <u>X</u> Housing Placement Assistance
	& Referral Legal Services
_	Counseling X Permanent Housing
X Permanent Supportive Housing Prescrip	
Shelter Soup Kitchen	
-	Assistance Utility assistance
Other, please list:	

Program Name: Manna House Transitional Ho	using
Agency: Volunteers of America Pennsylvania	
Address: <u>25 N. River Street</u>	City: _Wilkes-Barre
Program Contact Person: Samantha Orth Phone	e Number: <u>570-825-0542</u>
Fax Number: <u>570-825-4746</u>	email address: <u>sorth@voapa.org</u>
Hours of Operation: Application: Monday - Fri	iday 8AM – 4PM
Affiliation: _X _ Private non profit I	Local Government State Government
Public Housing Agency FunderX _	
PROGRAM	I DESCRIPTION
Population to be served, check all that apply:	
Single male,18 and older S	ingle female,18 and older
_	emale parent with child (children)
	Unaccompanied youth
Children onlyX_0	Other, explain: single males & females, 18-25
Eligibility requirements:	
Veteran	Yes _ <u>X</u> _NoNA
Domestic Violence	Yes _ <u>X</u> _NoNA
Homeless certification:	YesNoNA
At Risk of Homelessness Certification	\underline{X} Yes \underline{NO} \underline{NA}
	
Permanent Disability Certification	YesXNo NA
Household Income	Yes <u>X</u> _NoNA
Luzerne County Residency Requirement	Yes <u>X</u> _NoNA
If yes, how long?	
TYPE OF PROJECT: Emergency Shelter	
Permanent Supportive Housing Supporti	ive Services Other
SERVICE/ASSISTANCE:	
Case Management Child Care	Clothing
Drug & Alcohol Counseling Education	nal Activities Employment Assistance
Food Pantry Housing Counseli	ing Housing Placement Assistance
Income Information & Re	eferral Legal Services
Medical Care Mental Health Co	ounseling Permanent Housing
Permanent Supportive Housing Prescription	
	_X Transitional Housing
Transportation Traveler's Aid Ass	sistance Utility assistance
Other, please list: _	

Program Name: <u>Ruth's Place</u>	
Agency: Volunteers of America Pennsylvania	
Address: _425 N. Pennsylvania Ave.	City: _Wilkes-Barre
Program Contact Person: <u>Crystal Williams</u>	Phone Number: <u>570-822-6817</u>
Fax Number: <u>570-970-7776</u>	email address: <u>cwilliams@voapa.org</u>
Hours of Operation: <u>24/7</u>	
Affiliation: X _ Private non profit Loc	cal Government State Government
Public Housing Agency Funder Fai	
PROGRAM D	DESCRIPTION
Population to be served, check all that apply:	
Single male,18 and olderX S	Single female,18 and older
Two parent family with child (children) Fem	nale parent with child (children)
Male parent with child (children) Una	ccompanied youth
Children onlyOthe	er, explain:
Eligibility requirements:	
-	YesNoNA
Domestic Violence	YesNoNA
	YesNo NA
	YesNoNA
Permanent Disability Certification	YesNoNA
•	YesNoNA
Luzerne County Residency Requirement	YesNoNA
If yes, how long? _	
TYPE OF PROJECT: <u>X</u> Emergency Shelter	Transitional Housing
Permanent Supportive Housing Supportive	
SERVICE/ASSISTANCE:	
Case Management Child Care	Clothing
Drug & Alcohol Counseling Educational	Activities Employment Assistance
_X _ Food Pantry Housing Counseling	Housing Placement Assistance
Income <u>X</u> Information & Re	eferral Legal Services
	seling Permanent Housing
Permanent Supportive Housing Prescription	
_	Transitional Housing
- — — — — — — — — — — — — — — — — — — —	tance Utility assistance
Other, please list: _	

Program Name: Give Hope Outreach
Agency: Volunteers of America Pennsylvania
Address: <u>25 N. River Street</u> City: <u>Wilkes-Barre</u>
Program Contact Person: Samantha Orth Phone Number: 570-825-0542
Fax Number: <u>570-825-4746</u> email address: <u>sorth@voapa.org</u>
Hours of Operation:
Affiliation: <u>X</u> Private non profit Local Government State Government
Public Housing Agency FunderX 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 onlyChildren onlyChildren onlyChildren onlyChildren onlyChildren onlyChildren onlyChildren only
Valley
Eligibility requirements:
Veteran Yes No X NA
Domestic Violence YesNoX NA
Homeless certification: Yes No X NA
At Risk of Homelessness Certification YesNoXNA
Permanent Disability Certification Yes No X NA
Household Income YesNo_ X_NA
Luzerne County Residency Requirement Yes No X NA
If yes, how long? _
TYPE OF PROJECT: Emergency Shelter Transitional Housing
Permanent Supportive Housing Supportive Services X 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 CareMental Health CounselingPermanent Housing
Permanent Supportive Housing Prescription Assistance Rental Assistance
ShelterSoup KitchenTransitional Housing
Transportation Traveler's Aid Assistance Utility assistance
X Other-Outreach

Program Name: Wilkes-Barre Community	<u>y Development</u>	
Agency: <u>Community Development</u>		
Address: <u>40 East Market St.</u>	ess: <u>40 East Market St.</u> City: <u>Wilkes-Barre</u>	
Program Contact Person: Nicholas Cave	Phone Number: <u>570-208-4135</u>	
Fax Number: <u>570-208-4136</u>	email address: ncave@Wilkes-Barre.pa.us	
Hours of Operation: <u>9AM – 4:30PM</u>		
Affiliation: Private non profit	Local Government State Government	
Public Housing AgencyX Funder	Faith- based Business	
PROG	RAM DESCRIPTION	
Population to be served, check all that app	oly:	
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	YesNoNA	
Domestic Violence	YesNoNA	
Homeless certification:	YesNoNA	
At Risk of Homelessness Certification		
Permanent Disability Certification	YesNoNA	
Household Income	YesNoNA	
Luzerne County Residency Requirem		
If yes, how long? _		
TYPE OF PROJECT: Emergency She	lter Transitional Housing	
Permanent Supportive Housing Supportive Housing		
SERVICE/ASSISTANCE:		
Case Management Child Care	Clothing	
	icational Activities Employment Assistance	
Food Pantry Housing Co	_ :	
Income Information		
Medical Care Mental Hea	lth Counseling Permanent Housing	
Permanent Supportive HousingPres	cription Assistance Rental Assistance	
ShelterSoup Kitche	n Transitional Housing	
Transportation Traveler's A	id Assistance Utility assistance	
Other, please list: _		