VII. APPENDICES
APPENDIX A

NEEDS ASSESSMENT
The following chart below is the Community Needs Assessment risk factors present for low-level and non-literate adults living in Camden, New Jersey. According to “Communities That Care” the residents who will participate in our literacy program demonstrate behavior problems in community, in family, in school, and in their individual lives.

<table>
<thead>
<tr>
<th>*RISK FACTORS FOR CAMDEN CITY NON-LITERATE ADULTS</th>
<th>Community</th>
<th>Substance Abuse</th>
<th>Delinquency</th>
<th>Premature Pregnancy</th>
<th>School Drop-Out</th>
<th>Violence</th>
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<tbody>
<tr>
<td>Availability of Drugs</td>
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<td>Availability of Firearms</td>
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<td>Favorable Towards Crime</td>
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<td>Media Portrayals of Violence</td>
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<td>Transition and Mobility</td>
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<td>Family History of the Problem Behavior</td>
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<td>Favorable Parental attitudes and Involvement in Problem Behavior</td>
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<td>School</td>
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<td>×</td>
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<tr>
<td>Lack of Commitment to School</td>
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<td>×</td>
<td>×</td>
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<td>Individual</td>
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<td>Alienation and Rebelliousness</td>
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APPENDIX B

TARGET COMMUNITY

*“Waiting on the World to Change”*
20/20 In Touch
THE CHILDREN NEXT DOOR
The hopes and hardships of children in Camden, New Jersey.

Waiting on the World to Change
The Hopes, Dreams and Hardships of Children in America's Most Dangerous City

"20/20" followed the lives of three children growing up in Camden, N.J.: Billy Joe, Moochie and Ivan. (Ida Mae Astute/ABC Photo)

These are the sights and sounds of Camden, N.J.

Camden has been named America's most dangerous city twice by City Crime Rankings, an annual reference book. During the 2005 Christmas holidays, there were four slayings in 48 hours, all too characteristic of a place with a murder rate more than seven times the national average.

A typical morning in Camden, detractors say, could see 33 drug busts in less than three hours. Crack, heroin and marijuana are the currency of the streets, making up by some estimates a $43 million industry.

Imagine trying to survive in this environment. Now imagine being a child, struggling to thrive.

Three young citizens allowed "20/20" to document their lives for 18 months: 6-year-old Moochie, who promised to get straight As in school; Billy Joe, a teenager determined to be the first in his family to graduate high school; and a homeless 4-year-old, Ivan, who had one big dream: "I want my room, and I'm never gonna get it."

http://abcnews.go.com-ABCNews-MicrosoftInternetExplorerprovidedbyVerizonOnline
APPENDIX C

STAFF JOB DESCRIPTIONS
STAFF JOB DESCRIPTIONS

EXECUTIVE DIRECTOR: Administrator of the overall business development, staffing, and legal affairs.

PROJECT MANAGER: The project manager's primary role is a facilitator with the goal being to ensure that a project is completed on time, within budget, and according to the requirements.

EDUCATION DIRECTOR: Assess and assist with curriculum development and implementation; provide staff development for Literacy and Language Arts instruction; monitor and assess best practices utilized within the educational program; design and implement assessment strategies to monitor and assess academic growth of students. Instruct students in a wide variety of academic and vocational subjects that may lead to improvement in one’s knowledge or career skills. Assist students’ transition from the Center’s program to work by helping to establish internship programs for students and by facilitating contact between students and prospective employers.

BASIC SKILLS COORDINATOR: Works under the directing of the Education Director; supports promotes and sustains the lifelong learning culture with particular emphasis on strengthening and supporting people with basic needs.

COMMUNITY OUTREACH COORDINATOR/RECRUITER: Plans and implements an external marketing and communications program promoting the vision, goals, activities, and image of the W.O.T.S. Literacy Center to citizens, neighborhoods, business community and community leaders.

INTAKE COORDINATOR: Manage client intake through eligibility. Screens and qualifies clients for services.

SECRETARY/SPANISH TRANSLATOR: Bilingual. Perform tasks: answering telephones and typing letters. Know the specialized formats for legal documents. Perform many critical office functions, including maintaining supplies and equipment, receiving, preparing and transmitting communications, planning conferences, receiving clients and instructing staff.

FACILITIES MANAGER: Management of the organizations building, their infrastructure and services. The Facility Manager works within the organization to create a safe and efficient working environment.

TUTORS: Team Tutors assist the Director of Education by providing one-on-one student monitoring.
APPENDIX D

PROGRAM pro forma
## WOTS LITERACY CENTER
### ADULT LITERACY PROGRAM

### PROGRAM BUDGET AND DETAILED PRO FORMA
#### 2007-2008

### Source of Funding

<table>
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<tr>
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<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
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<th>September</th>
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APPENDIX E

ORIGINAL MONITORING PLAN
**Original Monitoring Plan:** Initial plans for the literacy pilot-program demonstrates lack of understanding in program organizing, development, monitoring and evaluation.

**Logic Model: W.O.T.S. Literacy pilot-program**

<table>
<thead>
<tr>
<th>Long-Term Outcome</th>
<th>Sustainable Employment</th>
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<tbody>
<tr>
<td><strong>Intermediate Outcomes</strong></td>
<td><strong>Participants Obtaining GED/High School Diploma</strong></td>
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<tr>
<td>Short-Term Outcomes</td>
<td></td>
</tr>
<tr>
<td>Increased knowledge about working with low level readers.</td>
<td>Availability of funds for operations</td>
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<td></td>
<td>6-8 Students enrolled in literacy program</td>
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<tr>
<td>Outputs</td>
<td></td>
</tr>
<tr>
<td>1 English teacher</td>
<td>$??? raised</td>
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<tr>
<td>1 Math teacher</td>
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<tr>
<td>6 Team tutors trained</td>
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<td></td>
<td></td>
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<tr>
<td>Activities</td>
<td></td>
</tr>
<tr>
<td>Train teachers and team tutors</td>
<td>Fundraising</td>
</tr>
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<tr>
<td>Inputs</td>
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<tr>
<td>2 Instructors</td>
<td>Grant writer Fundraiser List of possible sources</td>
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<tr>
<td>Attendance sheets</td>
<td>Get commitment from instructors.</td>
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<tr>
<td>Books</td>
<td>Make copies and handouts.</td>
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<tr>
<td>Client files</td>
<td>Send out reminder postcards.</td>
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<tr>
<td>Computer</td>
<td>Prepare and circulate attendance sheet.</td>
</tr>
<tr>
<td>Copier</td>
<td>Admin. Pre-test</td>
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</table>
APPENDIX F

W.O.T.S. COMMUNITY LITERACY SURVEY
THE INFORMATION PROVIDED BY YOU FOR THIS PROGRAMS PROCESS WILL BE USED TO ASSIST IN THE DEVELOPMENT OF GOALS FOR INTERVENTION AND TO EVALUATE THE OVERALL EFFECTIVENESS OF THE PROGRAM. YOUR NAME AND ANY OTHER INFORMATION THAT MAY IDENTIFY YOU WILL BE KEPT CONFIDENTIAL. YOUR SIGNATURE INDICATES THAT YOU AGREE TO PARTICIPATE IN THIS SURVEY.

CLIENTS INFORMATION

CLIENTS LAST NAME: ________________________________

CLIENTS FIRST NAME: ______________________________

ADDRESS: __________________________________________

PHONE NUMBER: _________________________________

DATE OF BIRTH: ___________________________________

GENDER: MALE ________ FEMALE ________________

STARTING TIME OF INTERVIEW: ____________________

ENDING TIME OF INTERVIEW: ______________________

INTERVIEW DATE: _________________________________

INTERVIEWS NAME: ________________________________

SIGNATURE: ________________________________________
DIRECTIONS: PLEASE READ EACH QUESTION CAREFULLY, AND FOLLOW THE DIRECTIONS THAT ARE LISTED AT THE END OF EACH QUESTION. ONCE THE SURVEY IS COMPLETE, PLEASE RETURN IT TO THE INTERVIEWER THAT IS PRESENT.

1. County of Origin:
   □ A. Camden
   □ B. Burlington
   □ C. Gloucester
   □ D. Other ___________

2. City of Origin:
   □ A. Camden
   □ B. Collingswood
   □ C. Gloucester City
   □ D. Haddon Township
   □ E. Pennsauken
   □ F. Woodlyn
   □ G. Other ______________________

3. What is your birth country of origin?

4. Can your parents read and write English?
   □ A. Yes
   □ B. Very little
   □ C. No

5. Do you have a fear of reading?
   □ A. Yes
   □ B. No
   □ C. Sometimes

6. Can you sound out words?
   □ A. Very difficult
   □ B. Somewhat difficult
   □ C. Very easy
   □ D. Somewhat easy
7. Do you read the newspaper?  □
   □ A. Never
   □ B. Sometimes

8. How do you find out about world events?  □
   □ A. Read newspapers
   □ B. Listens while other talk
   □ C. Watch T.V. for information

9. Do you ever read to your children or grandchildren?  □
   □ A. Never
   □ B. A lot
   □ C. A little
   □ D. Can’t read

10. How far did you go in school?  □
    □ A. K-4
    □ B. 5-7
    □ C. 8-10
    □ D. 11-12

11. What part did your family play in your education?  (Explain)
    □ Negative Role _______________________________________________________
    □ Positive Role _______________________________________________________
    □ No Role ___________________________________________________________

12. What did you like most about school?  (Explain)
13. What is your household income? □
   □ A. $0-$20,000
   □ B. $21-40,000
   □ C. $41-60,000
   □ D. $61 +

14. What is your employment status? □
   □ A. Never employed
   □ B. Unemployed
   □ C. Employed

15. Have you been looking for work? □
   □ A. Yes
   □ B. No
   □ C. Not Recently

16. What quality of life do you have? □
   □ A. Excellent
   □ B. Very good
   □ C. Good
   □ D. Poor
   □ E. Very Poor

17. Has involvement with drugs or alcohol affected your life? □
   (If yes explain)
   □ A. Yes
   □ B. No

18. Have you ever been incarcerated? □
   (If yes, explain any reasons)
   □ A. Yes
   □ B. No
19. What are your biggest concerns about your education? (Explain)

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

20. Do you believe education will get you a better job? □
   □ A. Yes
   □ B. No
   □ C. Don’t Know
   □ D. Don’t Care

21. Are you optimistic about your future? □
   □ A. Very optimistic
   □ B. Not optimistic
   □ C. Somewhat optimistic
   □ D. Uncertain

22. Do you believe attending W.O.T.S. Literacy Program will make a difference in your life? □
   □ A. Yes
   □ B. No
   □ C. Uncertain
   □ D. Hope it will

23. Have you ever thought about opening up your own business? □
   □ A. Never wanted to
   □ B. Don’t know how
   □ C. Very interested
   □ D. Yes I have thought about it
24. If you did open up a business what kind of business would it be? *(Explain)*

__________________________________________________________________
__________________________________________________________________

25. Do you have a driver’s license?
   □ A. Never learned to drive
   □ B. Licensed suspended
   □ C. Failed the written test
   □ D. Yes

26. Please rank the following in order of your preference for each topic area, with 1 being the most important priority 5 being the least:

   _____ Education that leads to a better quality of life
   _____ Reading without fear (understanding words)
   _____ Education that leads to employment
   _____ On-going job training
   _____ Parenting and Life Skills
   _____ Programs and financing for small business development and support
   _____ Reading to understand financial literacy (e.g. banking accounts)
   _____ Own my own home/live in a better place
   _____ Learn to read the Bible or other religious print
   _____ Education about law enforcement policies
   _____ Understanding the laws of the land
   _____ Marriage and family life
27. What race do you identify with? (Check One Box)
   □ A. American Indian/Alaskan Native
   □ B. Asian
   □ C. Black or African American
   □ D. Native Hawaiian/Pacific Islander
   □ E. White
   □ F. Hispanic
   □ G. Black & White

28. What is your age?
   □ A. 16-25
   □ B. 25-40
   □ C. 40-50
   □ D. Over 50

29. Have you been praying about a change in your life?
   □ A. Yes
   □ B. No

30. What are the most important things to you? (Explain)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

THE SURVEY IS COMPLETE, PLEASE RETURN IT TO THE INTERVIEWER THAT IS PRESENT.

Thank you for taking the time to complete this survey. For more information, contact the W.O.T.S. Literacy Center @ 856-963-READ (7323).
APPENDIX G

W.O.T.S. LITERACY CENTER

POLICY AND PROCEDURE MANUAL
POLICY & PROCEDURES HANDBOOK
Center’s Rules and Clients Rights

1. CLIENTS:
A. Clients are expected to be on time for the morning classes 9-12 am.
B. Clients are expected to be on time for the afternoon classes 1-4 pm.

2. SIGN IN/OUT:
Policy: It is the policy of W.O.T.S. Program (Center) to record arrivals and departures of visitors and clients.

3. VISITORS:
A. Clients are allowed to bring one visitor with them for their session.
   Visitor must be of adult age and able to wait without fidgeting or causing distraction.
B. Young children and infants must be left at home or taken to the childcare center while client is engaged in the learning process.

4. SMOKING:
Smoking is not permitted in the building! Anyone who violates this rule will face immediate discipline.

5. DRUGS:
Illegal drugs, drug paraphernalia, alcoholic beverages, or weapons are not allowed on the premises. No one is allowed on the premises while under the influence. Anyone who violates this rule will face immediate discipline.

6. VIOLENCE:
The Center operates on a principle on non-violence. Physical violence directed at teachers, tutors, employees, clients, or any other person will face immediate discipline or discharge.
7. PERSONAL PROPERTY:

The W.O.T.S. Literacy Program (Center) is not (will not be) responsible for any lost or stolen items incurred at the Center. As adults we expect every client to be responsible for the welfare of their personal items brought into the Center.

8. EATING / DRINKING:

There will be no eating or drinking in the class rooms while students are engaging in the learning process. The Center will offer a designated area for snacks and break time.

9. CASE MANAGEMENT:

Each client will be assisted by the W.O.T.S. Case Manager and are expected to comply with program regulations. All clients are required to meet with Case Manager at least one time a month.

10. PETS:

No pets are permitted on the grounds or in the building unless it is a state approved seeing-eye dog.

11. TRANSPORTATION PROCEDURES:

The van will be used for the following tasks:
   1. Transport of clients to center for literacy program
   2. Food and supply purchases
   3. Pick up of donations
   4. Planned activities for the literacy program (Center)
   5. As deemed necessary by the director

12. MAIL:

No client, staff, or volunteer will be allowed to have their personal mail sent to them at the W.O.T.S. Literacy Center.

I completely understand and accept these rules at the W.O.T.S. Literacy Center.

PARTICIPANT’S SIGNATURE: ____________________________________________
APPENDIX H

W.O.T.S. LITERACY CENTER
CLIENT INTAKE PACKET
ADULT AND FAMILY LITERACY PROGRAMS

CLIENT INTAKE PACKET

CENTER’S MISSION

W.O.T.S. Literacy Center will provide an Adult and Family Literacy Center for residents in Camden County by imparting knowledge, understanding, and encouragement through training activities, workshops on adult literacy, parenting skills and parent/child interaction that will increase literacy and language development. Together we will improve communication skills and English language proficiency that will increase the self-esteem needed to break the cycle of poverty.
I. INFORMATION/INTAKE

CONFIDENTIALITY NOTICE

THE INFORMATION PROVIDED BY YOU FOR THIS INTAKE PROCESS WILL BE USED TO ASSIST IN THE DEVELOPMENT OF GOALS FOR INTERVENTION AND TO EVALUATE THE OVERALL EFFECTIVENESS OF THE PROGRAM. IF THIS INFORMATION IS USED IN RESEARCH REPORTS, YOUR NAME ANY OTHER INFORMATION THAT MAY IDENTIFY YOU WILL BE KEPT CONFIDENTIAL. ANSWERS THAT YOU HAVE PROVIDED WILL BE CODED WITH A NUMBER AND THIS NUMBER WILL APPEAR ON ALL DOCUMENTATION. YOUR SIGNATURE INDICATES THAT YOU AGREE TO THIS NOTICE.

CLIENT NAME _________________________________________________________

☐ Interview Date ________________________________________________

(A.) EMERGENCY CONTACT INFORMATION

1. EMERGENCY CONTACT NAME: ______________________________________

ADDRESS ________________________________________________________

PHONE NUMBER OF CONTACT: ______________________________________
• This person will also be contacted in the event that you are unavailable.

2. RELATIONSHIP TO CLIENT: (Check only one box)

|☐ Mother | ☐ Father | ☐ Sister |
|☐ Brother | ☐ Wife | ☐ Husband |
|☐ Son | ☐ Daughter | ☐ Other |
(B.) PROGRAM INFORMATION

1. FACILITY NAME:

   □ W.O.T.S. Literacy Center  □ Other: ________________________________

2. STAFF PERSON COMPLETING ADMISSION: ____________________________

3. NAME AND TITLE OF INTAKE PERSON: COMPLETING: (check only one box)

   □ Facility Secretary  □ Case Manager
   □ Program Director  □ Program Assistant

4. REFERRAL SOURCE: How did you hear about us?

   □ Camden Co. Board of Social Services  □ W.O.T.S. Literacy Festival  □ A Friend
   □ Telephone Book  □ Parole/Probation  □ Other

(C.) CLIENT INFORMATION

CLIENTS LAST NAME: ________________________________________________

CLIENTS FIRST NAME: ______________________________________________

CASE ID#: _________________________________________________________

DATE OF BIRTH: ____________________________________________________

SOCIAL SECURITY #: ________________________________________________

ADDRESS: _________________________________________________________

AGE: ___________________

PLACE OF BIRTH: ___________________________________________________
MARITAL STATUS:

☐ Single  ☐ Married  ☐ Divorced  ☐ Widowed  ☐ Other

GENDER: (check only one box)

☐ Male  ☐ Female  ☐ Transgender

ETHNICITY:

☐ African American  ☐ Hispanic  ☐ Caucasian  ☐ Native American

☐ Asian  ☐ Multi-Cultural  ☐ Other  ☐

NUMBER IN FAMILY: (Check only one box)

☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6

☐ 7  ☐ 8  ☐ 9  ☐ 10  ☐ 11  ☐

NUMBER OF CHILDREN: (Check only one box)

☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6

☐ 7  ☐ 8  ☐ 9  ☐ 10  ☐ 11  ☐

CITIZENSHIP: (Check only one box)

☐ Yes  ☐ No

COUNTY OF ORIGIN: (Check only one box)


☐ Mercer Co.  ☐ Somerset Co.  ☐ Other

CITY OF ORIGIN: ________________________________

MUNICIPALITY: ________________________________

RELIGIOUS AFFILIATION: (Check only one box)

☐ Christian  ☐ Jewish  ☐ Muslim  ☐ Buddhist

☐ Atheist  ☐ Agnostic  ☐ None  ☐ Other

PRESENT LIVING SITUATION: (Check only one box):

☐ State Institution  ☐ County Jail  ☐ Hospital

☐ Friend  ☐ House  ☐ Apartment

☐ Streets  ☐ Drug/Alcohol Program.  ☐ Shelter

☐ Halfway House  ☐ Relative  ☐ Other
(D.) MEDICAL INFORMATION

PHYSICAL COMPLETED: (Check only one box)

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<tr>
<td>□ Full Physical</td>
<td>□ Physical with TB Test</td>
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<tr>
<td>□ No Physical</td>
<td>□ Other</td>
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DATE OF COMPLETED PHYSICAL ________________________________

VERIFICATION OF PHYSICAL ON FILE:  □ Yes  □ No

WORK LIMITATIONS: (Check all that apply)

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<td>□ No Heavy Lifting</td>
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<tr>
<td>□ Not Applicable</td>
<td>□ Other</td>
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<td>□ Handicapped</td>
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(E.) EDUCATION AND VETERAN INFORMATION

EDUCATION:

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<tr>
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<tr>
<td>□ None</td>
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<td>□ Special Ed</td>
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<td>□ High School</td>
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<td>□ Some College</td>
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<td>□ ESL English as 2nd Language</td>
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VETERAN:

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<th>Yes</th>
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<td>□  YES</td>
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BRANCH OF SERVICE:

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<td>□ Coast Guard</td>
<td>□ Reserves</td>
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<tr>
<td>□ Other</td>
<td>□ Not Applicable</td>
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SERVICE DISCHARGE DATE: ________________________________

TYPE OF DISCHARGE: (Check only one box)

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<td>□ Medical</td>
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(F.) SUBSTANCE ABUSE AND TREATMENT HISTORY

D/A TREATMENT HISTORY: (Check only one box)

- ☐ Yes
- ☐ No
- ☐ Other ___________

TREATMENT AGENCY: ________________________________

CONTACT PERSON: ___________________________________

TYPE OF TREATMENT: (Check only one box)

- ☐ In-Patient
- ☐ Out-Patient
- ☐ CHOICES

CHEMICALS OF CHOICE: (Check all that apply)

- ☐ Cocaine
- ☐ Crack
- ☐ Alcohol
- ☐ Heroin
- ☐ Marijuana
- ☐ Speed
- ☐ LSD
- ☐ Inhalants
- ☐ Other
- ☐ Amphetamines

AGE OF FIRST USE: _______________________________

ACTIVELY USING: ________________________________

HOW OFTEN: ________________________________

(G.) LEGAL INFORMATION

CURRENTLY ON PAROLE / PROBATION: (Check only one box)

- ☐ Yes
- ☐ No
- ☐ Other ___________

CURRENT CONVICTION(S):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

STIPULATIONS: (Check all that apply)

- ☐ Substance Abuse Counseling
- ☐ Mental Health Counseling
- ☐ DVR
- ☐ None
- ☐ Other ___________
SPECIFIC:


NAME & NUMBER OF PAROLE OR PROBATION OFFICER:


(H.) CHILD INFORMATION FORM FOR (FAMILY LITERACY)

CHILD(REN) ACCOMPANIED BY:  ______________________________________

<table>
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<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Soc. Sec #</th>
<th>Age</th>
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Client’s Signature

Staff Person’s Signature
(I.) RELEASE INFORMATION

DATE OF RELEASE: _______________________________

REASON FOR RELEASE: _____________________________________________

Clients Signature

Staff Person’s Signature

(J.) RELEASE OF LIABILITY

I _________________________________________________, hereby state I am, at my own discretion, attending the W.O.T.S. Literacy Program (Center) to improve my literacy and math skills. I understand and agree that the W.O.T.S. Literacy Center cannot guarantee the security of me or my personal belongings during my allotted time at the Center. I acknowledge that I have been informed to leave any such valuables that I may own and/or have in my possession at home.

_____________________________   __________________
Staff Signature                                                                  Date

_____________________________   __________________
Client Signature                                                                Date
(K) CLIENT RIGHTS

1. You have the right to a safe and clean learning environment.

2. You have the right to be free of physical and verbal abuse. No aggressive physical force is allowed: staff can only protect themselves or other clients. No vulgar or abusive language is to be directed at clients or staff.

3. You have the right to have all of your information kept confidential. This means that staff will not share personal information about you with persons outside or inside the Center (other than the Center’s staff) including other social services except when you give staff permission to do.

4. You have the right to receive referral information:
   a. When you request a referral from an outside agency, that request will also be considered as your permission for staff to supply that agency information about you. You have the right to know what information is required to make the referral.
   b. Exceptions to this right of confidentiality include the county/Welfare Agency, criminal activities which require police intervention, and suspected child abuse/neglect.

5. You have the right to receive the best instructional/tutoring program to help you improve your communication skills and English language proficiency; to help further your quest for education and employment.

6. You have the right to be free of any discriminatory treatment on the basis of sex, race, age, religion, nationality, sexual or affect ional orientation, ethnicity or any other subjective condition. If you feel you are being discriminated against, please notify the Director of Education. If you are not satisfied, you may bring your problem to the attention of the Director.

7. You have the right to present a written grievance to the Program Director if you feel that any of the above rights are not granted to you.

I have read and understand the client’s rights and do agree to abide by them as a participating student of the W.O.T.S. Literacy Center.

________________________________________________________________________

Staff’s Signature                                                                                Date

________________________________________________________________________

Client’s Signature                                                                              Date
(L.) Law Enforcement and the Media

Policy:
In order to portray a consistent message and maintain a cooperative working relationship with Law Enforcement and the Media, and to protect from liability and legal issues, it is the policy of W.O.T.S. Literacy Center that all police contact is made by management level staff.

Procedures:
1. The Director, Director of Education, or upper level management designee shall be the only individuals authorized to provide information to the police concerning anything pertaining to W.O.T.S. Literacy Center, including its staff, clients, and volunteers.
2. At no time will any staff person or volunteer, unless specifically authorized by the Director or designee offer information concerning the clients or staff or give any specific information concerning anything pertaining to W.O.T.S. Literacy Center, including its staff, clients, and volunteers.
3. Any time a W.O.T.S. Literacy Center staff person or volunteer is contacted by any individual identifying himself/herself as representing the police, or any other individual requesting specific information that might lead the staff to suspect he/she represents the police; the individual should be referred directly.
4. All police contacts must be clearly and fully documented in the facility logbook and on Administrative Incident Report form. The visitor’s log should clearly document the name and badge number of the officer.
5. It is important that the staff do not communicate the nature of the police visit to ANYONE other than the Director. Any communication could be perceived as obstruction in the eyes of the police. It is strongly suggested that the staff do not leave the presence of the officers during this interaction.
6. If the officers state they have no warrant, the supervisor is to advise them that they are unable to provide information to them at this time since they are not in possession of a warrant. If the supervisor is not on site they should advise the officer when they can speak to a supervisor.
7. If the officers become antagonistic or belligerent, this should also be communicated to the Director. Staff should politely reinforce that information cannot be given without the presence of the supervisor, so that they do not violate Policy and Procedure.
8. Staff should always be respectful and calm, despite the demeanor of the police.
(M.) Photo/Media Release

I HEREBY GRANT PERMISSION TO:

WAY OF THE SPIRIT MINISTRIES, INTERNATIONAL INC. / W.O.T.S. LITERACY CENTER

TO USE MY PICTURE AND / OR STATEMENT IN ANY OF THEIR PUBLICATIONS AND / OR MEDIA ACTIVITIES / OR EVENTS INCLUDING RADIO, TV, INTERNET, NEWSPAPER, AND BROCHURES.

PRINT NAME

SIGN NAME

DATE

STAFF PRINT NAME

STAFF SIGNATURE TITLE

SS#

DATE

DATE
(N.) EMERGENCY INFORMATION

Participant’s Name: ____________________________________________
DOB: __________________________ SS#: ________________________
Address: _____________________________________________________
_____________________________________________________________
Allergies: ____________________________________________________
Allergy Medications: ___________________________________________
Medical Conditions: ___________________________________________
Physician: __________________________ Phone #:__________________
Emergency Contact: ___________________________________________
Phone#: __________________________ 2#: ________________________

Participants /Parents Signature                                                    Date

Staff Signature Title                                                      Date

Staff Print Name                                                  Date
APPENDIX I

W.O.T.S. LITERACY CENTER

INDIVIDUAL SERVICE STRATEGY
INDIVIDUAL SERVICE STRATEGY

Referring Agency: _____________________________ Phone #: __________________
Fax #: ____________________________ Email: _______________________________
Check the appropriate box: ☐ Parole/ Probation ☐ TANF ☐ Other _______________
Intake Date: ________________________ Service Plan Date: _____________________
Completion Date: _______________________________

Name of Client: _____________________________________ ID# (Case Number) _____________
SSI#: _________-_______-__________ Age: __________ DOB: ________-________-_______
Male:____ Female:_____ Race:____________________ Legal Status:___________________
Address: ______________________________________________________________________
City/State/Zip Code: _____________________________________________________

Checklist of Identification Documents: (Check the appropriate box)
☐ ☐ Birth Certificate ☐ ☐ Social Security Card ☐ ☐ Non-Driver’s ID/Driver’s License
RELEASE FORMS ON FILE

☐ ☐ School Records Release Forms  ☐ Photo Release
☐ ☐ Transportation Release Forms  ☐ Specific Release of Information

Educational Experience
Highest grade completed:  (Circle the appropriate grade level)  1  2  3  4  5  6  7  8  9  10  11  12

List all schools attended:  Date Attended:
1.__________________________________________________            _____________________
2.__________________________________________________            _____________________
3.__________________________________________________             __________________
4.__________________________________________________             __________________
5.__________________________________________________              __________________

Languages: Circle what applies -

   English:  ☐ Speaks  ☐ Reads  ☐ Writes  ☐ Understands

   Spanish  ☐ Speaks  ☐ Reads  ☐ Writes  ☐ Understands

   Other:  ☐ Speaks  ☐ Reads  ☐ Writes  ☐ Understands

List other Languages: ____________________________________________________
Personal Profile

Strengths: (Ask what things he/she is good at or things he/she enjoys doing)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Goals:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

NEEDS ASSESSMENT (Check all items that applies):

☐ Childcare ☐ ☐ Housing ☐ ☐ Clothing ☐ ☐ Recreation Activities
☐ Income ☐ ☐ Education ☐ ☐ Family ☐ ☐ Self Concept/Esteem
☐ Food ☐ Medical ☐ Legal ☐ Substance Abuse
☐ Vocation ☐ Life Skills ☐ Emotional/Mental Health
☐ Spiritual ☐ Parenting Skills ☐ ☐ Other
APPENDIX J

LETTER OF RECOMMENDATION
Dear Ms. Ryan:

I was very pleased to hear that you are opening a literacy center in Camden. As you know statistics show that a high percentage of people in Camden are illiterate. The Cramer Hill CDC on a weekly basis has an average of 5-10 young people coming in looking for employment that they are not able to gain because most when asked admit to only have a grade school education and reading level.

For this reason I look forward to your program having success and being able to use it as a referral for those who are looking to improve on their reading level to gain employment.

As the community liaison for the Cramer Hill CDC I have the opportunity to meet one on one with many residents to discuss many issues in the community and their lives. While I have not kept records I can state that many parents talk about how they are not able to assist their children with homework due to their own literacy deficiencies.

In addition to the statements made by individual residents I also interact with many business owners who say they would like to hire from the Camden community but not able to do so most of the time due to educational levels. Most employers just require a high school diploma but find most that apply for the position available do not have a diploma because of early drop out.
If you have outreach material prepared for the program the Cramer Hill CDC would like you to forward the information so that we can use it as a referral to those who would like to improve their literacy level. We wish you and your program great success and we look forward to your program becoming an asset to the Camden community.

Sincerely,

Teresa Dimitri

Teresa Dimitri
CHCDC
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