

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.

| *RISK FACTORS FOR CAMDEN CITY NON-LITERATE ADULTS | | | | | |
|---|------------------------|--------------------|----------------------------|------------------------|-----------------|
| Community | Substance Abuse | Delinquency | Premature Pregnancy | School Drop-Out | Violence |
| Availability of Drugs | × | × | | × | × |
| Availability of Firearms | | × | | | × |
| Community Laws Favorable Towards Crime | × | × | | | × |
| Media Portrayals of Violence | × | | | | × |
| Transition and Mobility | × | × | | × | × |
| Low Neighborhood Attachment and Community Disorganization | × | × | | × | × |
| Extreme Economic Deprivation | × | × | × | × | × |
| Family | | | | | |
| Family History of the Problem Behavior | × | × | × | × | × |
| Family Management Problems | × | × | × | × | × |
| Family Conflict | × | × | × | × | × |
| Favorable Parental attitudes and Involvement in Problem Behavior | × | × | | | × |
| School | | | | | |
| Early and Persistent Antisocial Behavior | × | × | × | × | × |
| Academic failure Beginning in late Elementary School | × | × | × | × | × |
| Lack of Commitment to School | × | × | × | × | × |
| Individual | | | | | |
| Alienation and Rebelliousness | × | | × | × | |
| Constitutional Factors | × | | | × | |

APPENDIX B

TARGET COMMUNITY

***“Waiting on the World to Change”**



20/20 In Touch

THE CHILDREN NEXT DOOR

**Children in Poverty: More of Diane Sawyer's report on kids in danger.
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)

By JOSEPH DIAZ



Jan. 25, 2007 — Abandoned homes, empty lots, gunfire, and police sirens.

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

| Source of Funding | |
|---------------------|-----------|
| Ford Foundation | \$250,000 |
| Rutgers University | \$40,000 |
| NJ Department of ED | \$375,000 |
| Private Donors | \$160,000 |
| In-Kind Donations | \$125,000 |
| TOTAL | \$950,000 |

| | | January | February | March | April | May | June | July | August | September | October | November | December |
|--|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | | \$20,833.33 | \$20,833.33 | \$20,833.33 | \$20,833.33 | \$20,833.33 | \$20,833.33 | \$20,833.33 | \$20,833.33 | \$20,833.33 | \$20,833.33 | \$20,833.33 | \$20,833.33 |
| | | \$3,333.33 | \$3,333.33 | \$3,333.33 | \$3,333.33 | \$3,333.33 | \$3,333.33 | \$3,333.33 | \$3,333.33 | \$3,333.33 | \$3,333.33 | \$3,333.33 | \$3,333.33 |
| | | \$31,250.00 | \$31,250.00 | \$31,250.00 | \$31,250.00 | \$31,250.00 | \$31,250.00 | \$31,250.00 | \$31,250.00 | \$31,250.00 | \$31,250.00 | \$31,250.00 | \$31,250.00 |
| | | \$13,333.33 | \$13,333.33 | \$13,333.33 | \$13,333.33 | \$13,333.33 | \$13,333.33 | \$13,333.33 | \$13,333.33 | \$13,333.33 | \$13,333.33 | \$13,333.33 | \$13,333.33 |
| | | \$10,416.67 | \$10,416.67 | \$10,416.67 | \$10,416.67 | \$10,416.67 | \$10,416.67 | \$10,416.67 | \$10,416.67 | \$10,416.67 | \$10,416.67 | \$10,416.67 | \$10,416.67 |
| | | \$79,166.67 | \$79,166.67 | \$79,166.67 | \$79,166.67 | \$79,166.67 | \$79,166.67 | \$79,166.67 | \$79,166.67 | \$79,166.67 | \$79,166.67 | \$79,166.67 | \$79,166.67 |

| Expenses | |
|---------------------------|------------|
| Staff | \$500,000 |
| Food | \$55,000 |
| Transportation | \$42,700 |
| Training Materials | \$100,000 |
| Equipment | \$80,000 |
| License & Permits | \$2,000.00 |
| Insurance | \$20,000 |
| Rent | \$24,000 |
| Telephone & Comm. | \$7,600 |
| Utilities | \$18,000 |
| Other | \$36,000 |
| Total Project Cost Year 1 | \$885,300 |
| | |
| Net Profit | \$64,700 |

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

| Long-Term Outcome | Sustainable Employment | | | |
|-----------------------|--|--|---|--|
| Intermediate Outcomes | Participants Obtaining GED/High School Diploma | | | |
| Short-Term Outcomes | Increased knowledge about working with low level readers. | Availability of funds for operations | Increased reading levels | Increased commitment to assisting graduates of literacy program Students demonstrate learning |
| Outputs | 1 English teacher 1 Math teacher 6 Team tutors trained | \$??? raised | 6-8 Students enrolled in literacy program | 6 new partners |
| Activities | Train teachers and team tutors | Fundraising | Class Structure Session I Session 2 | Learning Structure Readers' and Writers' Workshops |
| Inputs | 2 Instructors Attendance sheets Books Client files Computer Copier Flip chart & markers Incentives LCD Projector Microsoft PowerPoint Participant binders Postage Pre-and post-tests Printer Refreshments Reminder postcards Space for class | Grant writer Fundraiser List of possible sources | Schedule class at initial meeting of participants. Get commitment from instructors. Make copies and handouts. Send out reminder postcards. Prepare and circulate attendance sheet. Admin. Pre-test | Weekly literacy classes for participants. Administer post-test. Encourage participants to continue working on their goals. Develop student portfolios |

APPENDIX F

W.O.T.S. COMMUNITY LITERACY SURVEY

W.O.T.S. Literacy Center

Learn to read and let the "Wind" carry you away



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)

| | | |
|----------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Sister |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Wife | <input type="checkbox"/> Husband |
| <input type="checkbox"/> Son | <input type="checkbox"/> Daughter | <input type="checkbox"/> Other _____ |

(B.) PROGRAM INFORMATION

1. FACILITY NAME:

| | |
|---|---------------------------------------|
| <input type="checkbox"/> W.O.T.S. Literacy Center | <input type="checkbox"/> Other: _____ |
|---|---------------------------------------|

2. STAFF PERSON COMPLETING ADMISSION: _____

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

| | |
|---|--|
| <input type="checkbox"/> Facility Secretary | <input type="checkbox"/> Case Manager |
| <input type="checkbox"/> Program Director | <input type="checkbox"/> Program Assistant |

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

| | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Camden Co. Board of Social Services | <input type="checkbox"/> W.O.T.S. Literacy Festival | <input type="checkbox"/> A Friend |
| <input type="checkbox"/> Telephone Book | <input type="checkbox"/> Parole/Probation | <input type="checkbox"/> Other |

(C.) CLIENT INFORMATION

CLIENTS LAST NAME: _____

CLIENTS FIRST NAME: _____

CASE ID#: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

ADDRESS: _____

AGE: _____

PLACE OF BIRTH: _____

MARITAL STATUS:

| | | | | |
|---------------------------------|----------------------------------|-----------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed | <input type="checkbox"/> Other _____ |
|---------------------------------|----------------------------------|-----------------------------------|----------------------------------|--------------------------------------|

GENDER: (check only one box)

| | | |
|-------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Transgender |
|-------------------------------|---------------------------------|--------------------------------------|

ETHNICITY:

| | | | |
|---|---|------------------------------------|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Multi-Cultural | <input type="checkbox"/> Other | <input type="checkbox"/> |

NUMBER IN FAMILY: (Check only one box)

| | | | | | |
|----------------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | <input type="checkbox"/> 11 | <input type="checkbox"/> |

NUMBER OF CHILDREN: (Check only one box)

| | | | | | |
|----------------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | <input type="checkbox"/> 11 | <input type="checkbox"/> |

CITIZENSHIP: (Check only one box)

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

COUNTY OF ORIGIN: (Check only one box)

| | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Camden Co. | <input type="checkbox"/> Burlington Co. | <input type="checkbox"/> Gloucester Co. |
| <input type="checkbox"/> Mercer Co. | <input type="checkbox"/> Somerset Co. | <input type="checkbox"/> Other |

CITY OF ORIGIN: _____

MUNICIPALITY: _____

RELIGIOUS AFFILIATION: (Check only one box)

| | | | |
|------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Jewish | <input type="checkbox"/> Muslim | <input type="checkbox"/> Buddhist |
| <input type="checkbox"/> Atheist | <input type="checkbox"/> Agnostic | <input type="checkbox"/> None | <input type="checkbox"/> Other |

PRESENT LIVING SITUATION: (Check only one box):

| | | |
|--|--|------------------------------------|
| <input type="checkbox"/> State Institution | <input type="checkbox"/> County Jail | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Friend | <input type="checkbox"/> House | <input type="checkbox"/> Apartment |
| <input type="checkbox"/> Streets | <input type="checkbox"/> Drug/Alcohol Program. | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Halfway House | <input type="checkbox"/> Relative | <input type="checkbox"/> Other |

(D.) MEDICAL INFORMATION

PHYSICAL COMPLETED: (Check only one box)

| | |
|--|--|
| <input type="checkbox"/> Full Physical | <input type="checkbox"/> Physical with TB Test |
| <input type="checkbox"/> No Physical | <input type="checkbox"/> Other |

DATE OF COMPLETED PHYSICAL _____

VERIFICATION OF PHYSICAL ON FILE:

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

WORK LIMITATIONS: (Check all that apply)

| | | |
|---|---|--|
| <input type="checkbox"/> No Food Handling | <input type="checkbox"/> No Heavy Lifting | <input type="checkbox"/> No Excessive Standing |
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Other | <input type="checkbox"/> Handicapped |

(E.) EDUCATION AND VETERAN INFORMATION

EDUCATION:

| | | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> 0-4 | <input type="checkbox"/> 5-9 | <input type="checkbox"/> 9 & Up | <input type="checkbox"/> GED |
| <input type="checkbox"/> Special Ed | <input type="checkbox"/> High School | <input type="checkbox"/> Trade School | <input type="checkbox"/> Some College | <input type="checkbox"/> ESL English as 2 nd Language |

VETERAN:

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

BRANCH OF SERVICE:

| | | | |
|--------------------------------------|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Army | <input type="checkbox"/> Navy | <input type="checkbox"/> Marines | <input type="checkbox"/> Air Force |
| <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Reserves | <input type="checkbox"/> Other | <input type="checkbox"/> Not Applicable |

SERVICE DISCHARGE DATE: _____

TYPE OF DISCHARGE: (Check only one box)

| | | |
|------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Honorable | <input type="checkbox"/> Dishonorable | <input type="checkbox"/> General |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Other |

(F.) SUBSTANCE ABUSE AND TREATMENT HISTORY

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

| | | |
|------------------------------|-----------------------------|--------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Other _____ |
|------------------------------|-----------------------------|--------------------------------------|

TREATMENT AGENCY: _____

CONTACT PERSON: _____

TYPE OF TREATMENT: (Check only one box)

| | | |
|-------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> In-Patient | <input type="checkbox"/> Out-Patient | <input type="checkbox"/> CHOICES |
|-------------------------------------|--------------------------------------|----------------------------------|

CHEMICALS OF CHOICE: (Check all that apply)

| | | | | |
|----------------------------------|--------------------------------|------------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Crack | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Heroin | <input type="checkbox"/> Marijuana |
| <input type="checkbox"/> Speed | <input type="checkbox"/> LSD | <input type="checkbox"/> Inhalants | <input type="checkbox"/> Other | <input type="checkbox"/> Amphetamines |

AGE OF FIRST USE: _____

ACTIVELY USING: _____

HOW OFTEN: _____

(G.) LEGAL INFORMATION

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

| | | |
|------------------------------|-----------------------------|--------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Other _____ |
|------------------------------|-----------------------------|--------------------------------------|

CURRENT CONVICTION(S):

STIPULATIONS: (Check all that apply)

| | | |
|---|---|------------------------------|
| <input type="checkbox"/> Substance Abuse Counseling | <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> DVR |
| <input type="checkbox"/> None | <input type="checkbox"/> Other _____ | _____ |

SPECIFIC:

NAME & NUMBER OF PAROLE OR PROBATION OFFICER:

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

CHILD(REN) ACCOMPANIED BY: _____

| | First Name | Last Name | Soc. Sec # | Age | Birth Date |
|-----|------------|-----------|------------|-----|------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |

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

SS#

SIGN NAME

DATE

STAFF PRINT NAME

DATE

STAFF SIGNATURE TITLE

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-Drivers ID/Drivers License

## RELEASE FORMS ON FILE

- ☐ ☐ School Records Release Forms  
☐ ☐ Transportation Release Forms

- ☐ Photo Release  
☐ 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: | <input type="checkbox"/> Speaks | <input type="checkbox"/> Reads | <input type="checkbox"/> Writes | <input type="checkbox"/> Understands |
| Spanish  | <input type="checkbox"/> Speaks | <input type="checkbox"/> Reads | <input type="checkbox"/> Writes | <input type="checkbox"/> Understands |
| Other:   | <input type="checkbox"/> Speaks | <input type="checkbox"/> Reads | <input type="checkbox"/> Writes | <input type="checkbox"/> Understands |

List other Languages: \_\_\_\_\_

## Personal Profile

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

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Goals:

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NEEDS ASSESSMENT (Check all items that applies):

- |                                    |                                                             |                                                            |                                                                         |
|------------------------------------|-------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> <input type="checkbox"/> Housing   | <input type="checkbox"/> <input type="checkbox"/> Clothing | <input type="checkbox"/> <input type="checkbox"/> Recreation Activities |
| <input type="checkbox"/> Income    | <input type="checkbox"/> <input type="checkbox"/> Education | <input type="checkbox"/> <input type="checkbox"/> Family   | <input type="checkbox"/> <input type="checkbox"/> Self Concept/Esteem   |
| <input type="checkbox"/> Food      | <input type="checkbox"/> Medical                            | <input type="checkbox"/> Legal                             | <input type="checkbox"/> Substance Abuse                                |
| <input type="checkbox"/> Vocation  | <input type="checkbox"/> Life Skills                        | <input type="checkbox"/> Emotional/Mental Health           |                                                                         |
| <input type="checkbox"/> Spiritual | <input type="checkbox"/> Parenting Skills                   | <input type="checkbox"/> <input type="checkbox"/> Other    |                                                                         |

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**APPENDIX J**

**LETTER OF RECOMMENDATION**



*Cramer Hill CDC  
2699 River Road  
Camden, NJ 08105  
856-964-2465  
856-964-2363 fax*

January 22, 2007

Leona Ryan  
W.O.T.S. Literacy Center  
P.O. Box 500  
Camden, NJ 08101

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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