



healthy families america[®]

a program of Prevent Child Abuse America

HFA Application for Affiliation SITE PROFILE FORM

If you have any questions about completing this profile, please contact PCA America, at (312) 663-3520. Thank you.

CURRENT PROGRAM ADDRESSING INFORMATION

Program Manager:

Program Name:

Host/Lead Agency:

Program Address:

City, State, Zip:

Phone:

Fax:

E-mail:

A. GENERAL PROGRAM INFORMATION

1. Is your site part of a **multi-site system**, or is it a **single site**? (Circle One)

An HFA multi-site system has multiple HFA sites in more than one geographic location that follow a set of common policies determined by a central administration. Local procedures and funding streams may differ.)

If you circled **multi-site system**, what is your lead agency? _____

2. Date first participant enrolled in services (Month/Year): _____

3. Program's geographic service area (CHECK ONE):

- Multiple counties
- Single county
- Multiple cities
- Single city
- Neighborhood
- Other (specify) _____

4. Type of community(s) served: (CHECK ONE):

- Urban
- Suburban
- Rural
- Mixed, urban and suburban
- Mixed, urban and rural
- Mixed, urban, suburban, rural
- Other (specify) _____

5. Program's target population: (CHECK ONE)

- All births
- First time parents
- Teen parents
- Other (specify) _____

6. Estimate the percentage of the following ethnic groups served by the program:

- _____ % African American
- _____ % Asian/Pacific Islander
- _____ % Hispanic/Latino
- _____ % Native American
- _____ % White
- _____ % Other: _____

B. PROGRAM STAFF INFORMATION

Please indicate the number of **Full-time Equivalent** staff members in each category:

- | | |
|--|--------------------------|
| _____ Program Manager/Director | _____ Volunteer |
| _____ Administrative Supervisor | _____ Fund Raiser |
| _____ Clinical Supervisor | _____ Researcher |
| _____ Family Assessment Worker | _____ Community Outreach |
| _____ Family Support Worker/Home Visitor | _____ Parent Educator |
| _____ Child Development Specialist | _____ Other: _____ |

C. PARTICIPANT DESCRIPTION

1. Number of families currently enrolled in home visiting: _____
2. Number of families who have been assessed in the past six months: _____
3. Number of current families who enrolled prenatally: _____

(Over Please)

D. PROGRAM FINANCIAL DATA

1. Total **Expenditures** for the previous fiscal year: \$ _____
2. Total **Income** for the previous fiscal year: \$ _____
3. Total **Budget** for current year: \$ _____
4. List five major funding sources and its percentage of the Total Income:

Source of Funding	% of Total Income

E. COLLABORATING AGENCIES

List five agencies with which you have **active** collaborative relationships

Name of Agency	Type of Collaboration*

*** Please use these Codes for Type of Collaboration:**

1 - In Kind volunteer/staff
 2 - In-Kind Space
 3 - In-Kind Equipment
 4 - In-Kind Consumables
 5 - Advocacy/Support
 6 - Paid Staff
 7 - Training
 8 - Technical Assistance
 9 - Other (specify in space provided)

F. ACCREDITATION DESCRIPTION

1. Is your Host/Fiscal agency accredited by an external nationally recognized accrediting body?
 Yes No, (Skip to question #2) Unsure

IF YES, identify the external nationally recognized accrediting body:

- The Council on Accreditation for Services to Families and Children, Inc. (COA)
- Committee on Accreditation for Rehabilitative Facilities (CARF)
- The Joint Commission on Accreditation of Health Care Organizations (JCAHO)
- National Association for the Education of Young Children (NAEYC)
- Other (specify) _____

2. Is your Host/Fiscal Agency planning to go through an accreditation process in the future?
 Yes No Unsure

If Yes, please identify the accrediting body: _____