October 2007

The Case Management Committee of the Dutchess County Housing Consortium offers the attached Resource Guide for Case Management Services for your use. It is our hope that this guide will make it easier for providers, as well as consumers, to access and utilize case management services in Dutchess County.

The Case Management Committee has undertaken this project with three goals in mind: to identify current services, identify opportunities to streamline access, and to develop a periodic training for agency staff on these mainstream resources.

The information provided in this guide was provided directly by each of the agencies represented. If you believe that agency information is incorrect or an agency which provides case management is not represented at all, please feel free to contact Michael Cole at (845) 485-0180 or through his email at mcole@hudsonriverhousing.org. A blank form has been provided in this guide for you to correct or add your agencies information.

Legislation, insurance and funding changes continually impact agencies ability to offer services and sometimes impact eligibility. Also, please be aware that the eligibility criteria in this guide focuses on primary eligibility. There may be other possible eligibility criteria that apply. For questions about eligibility, please call each agency directly. This guide is not intended to change issues relating to client confidentiality.

The Case Management Committee is also working to provide this resource directory on-line through the Dutchess County website under the “All Services Directory.” We hope that it will be functional this fall.

We would like to thank the Dutchess County Housing Consortium for their support of this committee as this project has evolved. We would also like to thank Charlie Flynn, Lou Gagliano, Andrew O’Grady, Leah White and Lisa Cardinale, the hardworking members of the Dutchess County Housing Consortium Case Management Committee, who helped to make all of this possible.

Yours truly,

Michael Cole, LCSW, Co-Chair, DCHC Case Management Committee

Judy Lombardi, LCSW, Co-Chair, DCHC Case Management Committee
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**Case Management**

### Eligibility Criteria

- Chemical Dependency
- Communicable Disease
- Developmental Disabilities
- Disabled
- Domestic Violence
- Drug/Alcohol Related Crimes
- Financially Destitute
- Homelessness
- HIV Infected
- Inpatient at VA Hospital
- Parole
- Physical Disability
- Pre-School
- Psychological Mx
- Pregnancy
- Sexual Assault Victim
- Sex Offender
- Veteran Status

### Services Available

- Advocacy
- Assessment
- Budgeting
- Case Management
- Chem Dependency Rehab
- Children's Services
- Clothing
- Coordination of Services
- Crisis Intervention/Prevention
- Drug Testing
- Facilitation
- Financial Assistance
- Food
- Housing
- Movers
- Non-Formal Education
- Parenting Education
- Personal/Caregiver Training
- Person/Ward Staffing
- Residential Placement
- Safety Shelters
- Social Recreation
- Support Systems
- Tax Vouchers
- Vocational Vouchers

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**Dutchess County Office of Probation and Community Corrections**
- (845) 486-2600

**Dutchess County Department of Social Services - Adult Protective Services**
- (845) 486-3026

**Dutchess County Department of Social Services - Child Protective Services**
- (845) 486-3381

**Dutchess County Department of Social Services - Medicaid**
- (845) 486-3008

**Dutchess County Department of Social Services - Public Assistance**
- (845) 486-3013

**Dutchess Outreach, Inc.**
- (845) 486-3792

**Europe Associates for Community Services, Inc. - Medical Service Coordination**
- (845) 473-6443 or 418-4202

**Family Services, Inc. - Battered Women's Services**
- (845) 462-1110 x 3302

**Family Services, Inc. - Crime Victims Assistance Program**
- (845) 462-1110 x 3053 or 5121

**Family Services, Inc. - Domestic Abuse Awareness Classes for Men**
- (845) 462-1110 x 9134

**Family Services, Inc. - Dutchess Youth Career Works**
- (845) 462-1110 x 3112

**Family Services, Inc. - Teen-Parent Program**
- (845) 462-4697

**Gateway Community Industries, Inc. - Dutchess County Supportive Housing**
- (845) 473-5942

**Gateway Community Industries, Inc. - Medicaid Service Coordination**
- (845) 339-0155 x 366

**Gateway Community Industries, Inc. - Residential Services**
- (845) 331-3211

**Gateway Community Industries, Inc. - Vocational Services**
- (845) 473-7127

**Good Counsel**
- (845) 462-2944

**Grace Smith House, Inc. - Brookhaven**
- (845) 462-7155

**Grace Smith House, Inc. - Grace Smith House/Shelter #1**
- (845) 471-3039

**Grace Smith House, Inc. - Non-Residential Program**
- (845) 462-0808

**Grace Smith House, Inc. - Northeast Shelter**
- (518) 687-6877

**Greystone Programs, Inc.**
- (845) 462-5772
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<td>(845) 471-8622</td>
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Eligibility Criteria

**Chemical Dependency** ~ Bio/pseudo/social addiction to a mood altering substance.

**Communicable Disease** ~ A disease that is transmitted through direct contact with an infected individual or indirectly through a vector.

**Developmental Disabilities** ~ A broad category which encompasses mild developmental difficulties to profound mental retardation with multiple disabilities.

**Disabled** ~ Describes someone with a condition that makes it difficult to perform some or all of the tasks of daily life.

**Domestic Violence** ~ Violent behavior committed by one intimate partner against another. It can be physical, sexual, or psychological with the primary purpose to control, dominate, or hurt the other partner in the relationship.

**Drug/Alcohol Related Crimes** ~ A violation of a law which is correlated with or caused by a perpetrator’s use of a legal or illegal mind-altering substance(s).

**Financially Destitute** ~ Lacking money necessary for subsistence

**HIV Infected** ~ Someone diagnosed with the human immunodeficiency virus (HIV).

**Homelessness** ~ A situation in which an individual does not have a long-term residence, a stable residence, or any residence at all.

**Immigration Status** ~ The legal status of an individual who has moved from one country to another.

**Inpatient at VA Hospital** ~ A patient who received lodging and food, as well as treatment, in a veterans hospital.

**Parolee** ~ The release of a person from Federal or State prison whose term has not expired on condition of sustained lawful behavior that is subject to regular monitoring by an officer of the law for a set period of time.

**Physical Disability** ~ A collective term which applies to the many forms and degrees of severity of physical impairments that result from damage to the body's support and locomotor systems, and other internal or external damage to the body and its functions.

**Pre-School** ~ Of, or relating to, intended for, or being the early years of childhood that precede the beginning of elementary school.

**Probationer** ~ A person who has been charged with criminal or civil offense who has been mandated to be monitored by an officer of the law.

**Serious Persistent Mental Illness (SPMI)** ~ A severe chronic mental disorder lasting more than six months.

**Sexual Assault Victim** ~ An individual who has experienced an unlawful sexual attack by a perpetrator.

**Sex Offender** ~ One who is convicted of a sex crime.

**Veteran Status** ~ The category of discharge of an individual who has served in the armed forces.

**0-17** ~ Children from age 0 to 17.

**18-59** ~ Adults aged 18 to 59.

**60+** ~ Adults aged 60 and older.

Definitions

**Advocacy** ~ The act of pleading for or supporting; intercession.

**ACT Services** ~ Any therapeutic activity conducted by a member of the Hudson River Psychiatric Center (HRPC) Assertive Community Treatment (ACT) Team staff.

**Assessment** ~ Process of documenting, usually in measurable terms, knowledge, skills, attitudes and beliefs.

**Behavior Modification** ~ Use of basic learning techniques, such as conditioning, biofeedback, reinforcement, or aversion therapy, to alter human behavior.

**Budgeting** ~ An itemized summary of estimated or intended expenditures for a given period along with proposals for financing them.

**Bus Passes** ~ A ticket which permits an individual to use a specific bus transportation service.

**Case Management** ~ a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual’s needs.

**Chemical Dependency Rehabilitation** ~ Process of medical and/or psychotherapeutic treatment for dependency on psychoactive substances such as alcohol, prescription drugs and so-called street drugs.

**Chemical Dependency Treatment** ~ A range of professional therapeutic services offered to individuals suffering from chemical abuse or dependency.

**Children’s Services** ~ Any of a range of supportive and/or therapeutic activities offered to an individual typically under the age of 18 (sometimes 21).

**Clothing** ~ Necessary wearing apparel.

**Coordination of Services** ~ The act of organizing multiple services offered to an individual so as to maximize efficiency, as well as minimize redundancies and gaps in service.

**Counseling** ~ To give advice or direction as to a decision or course of action.

**Crisis Intervention/Prevention** ~ Intervention that focuses on acute critical situations with the aim of restoring the person to the level of functioning before the crisis.

**Drug Testing** ~ A laboratory based procedure which looks for evidence of drug consumption by analyzing urine or blood samples.

**Facilitation** ~ A process in which an independent person assists groups in working together effectively.

**Financial Assistance** ~ Cash assistance for food, housing, transportation, etc.

**Food** ~ Meals or financial assistance to obtain meals.

**Housing** ~ Provision of lodging or shelter.

**Movers** ~ Service that transports household goods from one location to another.

**Non-formal Education** ~ Learning that is not provided by an education or training institution and typically does not lead to certification.

**Parenting Education** ~ Organized, programmatic effort to change or enhance the child-rearing knowledge and skills of a family system.

**Provider Team Meeting** ~ A gathering of staff members from multiple programs and organizations to discuss and plan goals and services for an individual.

**Representative Payee** ~ Someone responsible for a client’s funds.

**Respite** ~ Support program that offers temporary relief from the responsibility of constant caregiving of a person with special needs.

**Safety Shelters** ~ A place that offers protection.

**Social Recreation** ~ Opportunities for individuals to gather, meet new people, socialize with one another, and enjoy a fun time.

**Support Systems** ~ Network of personal or professional contacts available to a person for practical or moral support when needed.

**Taxi Voucher** ~ Authorization for use of taxi service.

**Transportation** ~ Conveyance of goods and people.

**Vocational** ~ Relating to, providing, or undergoing training in a special skill to be pursued in a trade.

**Vouchers** ~ A certificate which is worth a certain monetary value and which may only be spent for specific reasons or on specific goods.
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: AIDS RELATED COMMUNITY SERVICES
Service or Program Name: Case Management, Support Groups, Street Outreach
HIV Counseling and Testing, Chemical Dependency Services

Street address where service is offered: 235 Main Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website: www.arcs.org
Office Hours and Days: M-F 9 to 5

Contact Person:
Name: Marilyn Rivera
Title: Senior Program Supervisor
Telephone: (845) 471-0707
E-mail:

Area Served (please check all that are served):
Parts of Dutchess County: ☐ Northeast ☐ Northwest ☑ All of Dutchess County
☐ Greater Poughkeepsie ☐ Southeast ☐ Southwest (Beacon/Fishkill) ☑ Outside Dutchess County

Disability Access (please check all that apply)
☐ Disabled Parking ☐ Ramps ☐ Accessible Bathrooms
☑ Elevators ☑ Wide Doors ☐ Other

Languages other than English spoken by service providers:
☑ Spanish ☐ Other

Application Procedure (please check all that apply)
☑ Telephone ☑ Walk-in ☐ Appointment Required
☑ Referral required (and from whom?) Self referral or referral from various service providers

Documents Required (please check all that apply)
☑ None ☐ Proof of Residence ☐ Proof of Income ☐ Birth Certificate
☐ Other (please specify): 

Payment (please check all that apply)
☑ No Fee ☐ Fee of: ______ ☐ Sliding fee scale from $______ to $______
☐ Medicaid ☐ Medicare ☐ Private Insurance ☐ Credit Card ☐ Personal Check ☐ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: ASTOR EARLY CHILDHOOD PROGRAMS
Service or Program Name: Early Childhood Coordinated Services Initiative (ECCSI)
Street address where service is offered: 50 Delafield Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website: www.astorservices.org
Office Hours and Days: M-F 8 to 4
Contact Person:
Name: Lori Rivenburgh
Title: ECCSI Coordinator
E-mail: lrivenburgh@astorservices.org

Area Served (please check all that are served):
- Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
□ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply):
- Disabled Parking
- Ramps
- Accessible Bathrooms
- Elevators
□ Wide Doors □ Other

Languages other than English spoken by service providers:
- Spanish □ Other

Application Procedure (please check all that apply):
- Telephone
- Walk-in
□ Appointment Required
□ Referral required (and from whom?)

Documents Required (please check all that apply):
- None □ Proof of Residence □ Proof of Income □ Birth Certificate
□ Other (please specify):

Payment (please check all that apply):
- No Fee □ Fee of: ______ □ Sliding fee scale from $_____ to $_____
□ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s):
Agency Name: CARDINAL HAYES HOME

Service or Program Name:

Street address where service is offered: 60 St. Joseph Drive

Mailing Address (if different): POB CH

City/State/Zip: Millbrook, New York 12545

Website: www.cardinalhayeshome.com

Office Hours and Days:

Contact Person:

Name: William Busby
Title: Director of Quality Insurance/Intake
Telephone: (845) 677-6363

Area Served (please check all that are served):

- [ ] Northeast
- [ ] Northwest
- [x] All of Dutchess County
- [ ] Greater Poughkeepsie
- [ ] Southeast
- [ ] Southwest (Beacon/Fishkill)
- [ ] Outside Dutchess County

Disability Access (please check all that apply)

- [x] Disabled Parking
- [x] Ramps
- [x] Accessible Bathrooms
- [x] Elevators
- [ ] Wide Doors
- [ ] Other

Languages other than English spoken by service providers:

- [ ] Spanish
- [ ] Other

Application Procedure (please check all that apply)

- [ ] Telephone
- [ ] Walk-in
- [x] Appointment Required
- [x] Referral required (and from whom?) Physician

Documents Required (please check all that apply)

- [ ] None
- [ ] Proof of Residence
- [ ] Proof of Income
- [ ] Birth Certificate
- [x] Other (please specify): Intake packet consisting of physical exam, psychosocial summary, psychological testing, IEP

Payment (please check all that apply)

- [x] No Fee
- [ ] Fee of: ______
- [ ] Sliding fee scale from $______ to $______
- [x] Medicaid
- [ ] Medicare
- [ ] Private Insurance
- [ ] Credit Card
- [ ] Personal Check
- [ ] Cash

Note(s): Parents do not have to be eligible. All those placed at Cardinal Hayes are eligible for Medicaid.
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: CASTLE POINT VETERANS ADMINISTRATION
Service or Program Name: VA Hudson Valley Health Care System
Street address where service is offered: Castle Point Campus
Mailing Address (if different):
City/State/Zip: Castle Point, New York 12511-0626
Website: www.va.gov/visns/visn03/castinfo.asp
Office Hours and Days: M-F 8-5 or Emergency Sat-Sun
Contact Person:
Name: Nancy Winter
Title: Pub. Affairs Specialist
Telephone: (845) 831-2000 X5400
E-mail: nancy.winter@med.va.gov

Area Served (please check all that are served):
- Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
- □ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)
- □ Disabled Parking □ Ramps □ Accessible Bathrooms
- □ Elevators □ Wide Doors □ Other

Languages other than English spoken by service providers:
- □ Spanish □ Other

Application Procedure (please check all that apply)
- □ Telephone □ Walk-in □ Appointment Required
- □ Referral required (and from whom?)

Documents Required (please check all that apply)
- □ None □ Proof of Residence □ Proof of Income □ Birth Certificate
- □ Other (please specify): (Form DD214 and 1010&2)

Payment (please check all that apply)
- □ No Fee □ Fee (General Admission $15, Specialty Services $50, Prescriptions $8)
- □ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s):
Agency Name: CATHARINE STREET COMMUNITY CENTER

Service or Program Name: Many (See Website)
Street address where service is offered: 69 Catharine Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website: www.catharinecenter.org
Office Hours and Days: M-F 8:30-5:30
Contact Person:
   Name: Shirley Adams
   Title: Executive Director
   Telephone: (845) 473-2272
   E-mail:

Area Served (please check all that are served):
  Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
  □ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)
  □ Disabled Parking □ Ramps □ Accessible Bathrooms
  □ Elevators □ Wide Doors □ Other

Languages other than English spoken by service providers:
  □ Spanish □ Other

Application Procedure (please check all that apply)
  □ Telephone □ Walk-in □ Appointment Required
  □ Referral required (and from whom?)

Documents Required (please check all that apply)
  □ None □ Proof of Residence □ Proof of Income □ Birth Certificate
  □ Other (please specify): For HIV/AIDS Services – Require Proof of Status

Payment (please check all that apply)
  □ No Fee □ Fee of: ______ □ Sliding fee scale from $_____ to $______
  □ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: CATHOLIC CHARITIES
Service or Program Name: Community Services
Street address where service is offered: 218 Church Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website: www.archny.org
Office Hours and Days: 9 to 5 – Monday through Friday
Contact Person:
Name: Mary Lieberman, LCSW
Title: Senior Social Worker
Telephone: (845) 452-1400 X4214
E-mail:

Area Served (please check all that are served):
Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
□ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)
□ Disabled Parking □ Ramps □ Accessible Bathrooms
□ Elevators □ Wide Doors □ Other

Languages other than English spoken by service providers:
□ Spanish □ Other

Application Procedure (please check all that apply)
□ Telephone □ Walk-in □ Appointment Required
□ Referral required (and from whom?)

Documents Required (please check all that apply)
□ None □ Proof of Residence □ Proof of Income □ Birth Certificate
□ Other (please specify): Per Individual

Payment (please check all that apply)
□ No Fee □ Fee of: ______ □ Sliding fee scale from $_____ to $______
□ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: COMMUNITY HOUSING INNOVATIONS

Service or Program Name: Park Place
Street address where service is offered: 803 Violet Avenue

Mailing Address (if different):
City/State/Zip: Hyde Park, New York 12538
Website: communityhousing.org
Office Hours and Days: 24/7

Contact Person:
Name: Scott Mendelson
Title: CHI Coordinator of M.H.V. Services
Telephone: (845) 229-9070
E-mail: smendelson@communityhousing.org

Area Served (please check all that are served):
Parts of Dutchess County: ☑ Northeast ☑ Northwest ☑ All of Dutchess County ☑ Greater Poughkeepsie ☑ Southeast ☑ Southwest (Beacon/Fishkill) ☑ Outside Dutchess County

Disability Access (please check all that apply)
☐ Disabled Parking ☑ Ramps ☑ Accessible Bathrooms ☑ Elevators ☑ Wide Doors ☑ Wide Doors ☑ Other

Languages other than English spoken by service providers:
☐ Spanish ☑ Other

Application Procedure (please check all that apply)
☐ Telephone ☑ Walk-in ☑ Appointment Required
☐ Referral required (and from whom?) DSS

Documents Required (please check all that apply)
☐ None ☑ Proof of Residence ☑ Proof of Income ☑ Birth Certificate ☑ Other (please specify): (All taken care of by DSS).

Payment (please check all that apply) (All taken care of by DSS).
☐ No Fee ☑ Fee of: ______ ☑ Sliding fee scale from $______ to $______
(All taken care of by DSS).
☐ Medicaid ☑ Medicare ☑ Private Insurance ☑ Credit Card ☑ Personal Check ☑ Cash

Note(s):
**DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>DUTCHESS COUNTY COMMUNITY ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service or Program Name:</td>
<td>Big Brothers/Big Sisters of Dutchess County</td>
</tr>
<tr>
<td>Street address where service is offered:</td>
<td>77 Cannon Street</td>
</tr>
<tr>
<td>Mailing Address (if different):</td>
<td>Poughkeepsie, New York 12601</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.dccaa.org/bbbs.htm">www.dccaa.org/bbbs.htm</a></td>
</tr>
<tr>
<td>Office Hours and Days:</td>
<td>M-F 8:30 – 4:30 (Eves &amp; Weekends Available)</td>
</tr>
<tr>
<td>Contact Person:</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>Lori Rivenburgh</td>
</tr>
<tr>
<td>Title:</td>
<td>Program Director</td>
</tr>
<tr>
<td>Telephone:</td>
<td>(845) 452-5104 X108</td>
</tr>
</tbody>
</table>

**Area Served (please check all that are served):**
- [ ] Parts of Dutchess County: Northeast
- [ ] Parts of Dutchess County: Northwest
- [x] Parts of Dutchess County: All of Dutchess County
- [ ] Greater Poughkeepsie
- [ ] Southeast
- [ ] Southwest (Beacon/Fishkill)
- [ ] Outside Dutchess County

**Disability Access (please check all that apply):**
- [x] Disabled Parking
- [ ] Ramps
- [ ] Accessible Bathrooms
- [ ] Elevators
- [ ] Wide Doors
- [ ] Other

**Languages other than English spoken by service providers:**
- [ ] Spanish
- [ ] Other

**Application Procedure (please check all that apply):**
- [x] Telephone
- [x] Walk-in
- [ ] Appointment Required
- [x] Referral required (and from whom?) (for children – parent or legal guardian for community-based program).

**Documents Required (please check all that apply):**
- [x] None
- [ ] Proof of Residence
- [ ] Proof of Income
- [ ] Birth Certificate
- [ ] Other (please specify):

**Payment (please check all that apply):**
- [x] No Fee
- [ ] Fee of: ______
- [ ] Sliding fee scale from $_____ to $_____
- [ ] Medicaid
- [ ] Medicare
- [ ] Private Insurance
- [ ] Credit Card
- [ ] Personal Check
- [ ] Cash

**Note(s):**
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: DUTCHESS COUNTY COMMUNITY ACTION

Service or Program Name: Child Health Plus/Family Health Plus

Street address where service is offered: 84 Cannon Street * (See Footnote Below)

Mailing Address (if different): Poughkeepsie, New York 12601

Website: www.dccaa.org

Office Hours and Days: M-F 8:30-4:30 (Thursdays 8:30-6:00)
1st & 3rd Saturdays of each month: 9:00 a.m. – 1:00 p.m.

Contact Person:
Name: Pat DiRienzo
Title: Program Director
Telephone: (845) 452-5104 X111
E-mail: pdirienzo@dccaa.org

Area Served (please check all that are served):
Parts of Dutchess County: ☐ Northeast ☐ Northwest ☒ All of Dutchess County
☐ Greater Poughkeepsie ☐ Southeast ☐ Southwest (Beacon/Fishkill) ☐ Outside Dutchess County

Disability Access (please check all that apply)
☐ Disabled Parking ☐ Ramps ☐ Accessible Bathrooms
☐ Elevators ☐ Wide Doors ☐ Other

Languages other than English spoken by service providers:
☒ Spanish ☐ Other

Application Procedure (please check all that apply)
☒ Telephone ☐ Walk-in ☒ Appointment Required
☐ Referral required (and from whom?)

Documents Required (please check all that apply)
☐ None ☒ Proof of Residence ☒ Proof of Income ☒ Birth Certificate
☒ Other (please specify): (Will be advised for all documents when calling for appointment).

Payment (please check all that apply)
☒ No Fee ☐ Fee of: ______ ☐ Sliding fee scale from $_____ to $_____
☐ Medicaid ☐ Medicare ☐ Private Insurance ☐ Credit Card ☐ Personal Check ☐ Cash

Note(s):
* Appointments also conducted at our Beacon, Dover, Red Hook sites.
**DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

<table>
<thead>
<tr>
<th><strong>Agency Name:</strong></th>
<th>DUTCHESS COUNTY COMMUNITY ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service or Program Name:</strong></td>
<td>DECIP</td>
</tr>
<tr>
<td><strong>Street address where service is offered:</strong></td>
<td>3414 Rte 22</td>
</tr>
<tr>
<td><strong>Mailing Address (if different):</strong></td>
<td>Dover Plains, New York 12522</td>
</tr>
<tr>
<td><strong>Website:</strong></td>
<td>dccaa.org</td>
</tr>
<tr>
<td><strong>Office Hours and Days:</strong></td>
<td>M-F 8:00 – 4:30 p.m.</td>
</tr>
<tr>
<td><strong>Contact Person:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Name:</strong></td>
<td>Susanne Martinez</td>
</tr>
<tr>
<td><strong>Title:</strong></td>
<td>Director of Eastern Site</td>
</tr>
<tr>
<td><strong>Telephone:</strong></td>
<td>(845) 877-9272 X100</td>
</tr>
<tr>
<td><strong>E-mail:</strong></td>
<td><a href="mailto:smartinez@dccaa.org">smartinez@dccaa.org</a></td>
</tr>
</tbody>
</table>

**Area Served (please check all that are served):**
- [x] Parts of Dutchess County:
  - Northeast
  - Northwest
  - All of Dutchess County
  - Greater Poughkeepsie
  - Southeast
  - Southwest (Beacon/Fishkill)
  - Outside Dutchess County

**Disability Access (please check all that apply):**
- [x] Disabled Parking
- [x] Ramps
- [x] Accessible Bathrooms
- [x] Elevators
- [x] Wide Doors
- [ ] Other

**Languages other than English spoken by service providers:**
- [x] Spanish
- [ ] Other

**Application Procedure (please check all that apply):**
- [ ] Telephone
- [ ] Walk-in
- [x] Appointment Required
- [ ] Referral required (and from whom?)

**Documents Required (please check all that apply):**
- [ ] None
- [x] Proof of Residence
- [x] Proof of Income
- [ ] Birth Certificate
- [x] Other (please specify): Birth Date and Social Security Number.

**Payment (please check all that apply):**
- [x] No Fee
- [ ] Fee of: ______
- [ ] Sliding fee scale from $_____ to $______
- [ ] Extra helpings Food Co-op – Cash and Food Stamps.
- [ ] Medicaid
- [ ] Medicare
- [ ] Private Insurance
- [ ] Credit Card
- [ ] Personal Check
- [ ] Cash

**Note(s):**
Agency Name: DUTCHESS COUNTY COMMUNITY ACTION
Service or Program Name: Dutchess County Community Action Partnership
Street address where service is offered: 44-46 East Market Street
Mailing Address (if different): Red Hook, New York 12571
City/State/Zip: Red Hook, New York 12571
Website: dccac.org
Office Hours and Days: M-F 8:30-4:30
Contact Person:
Name: Zoe Hendrickson
Title: Asst. Family Dev. Director
Telephone: (845) 876-1611 X102
E-mail:

Area Served (please check all that are served):

☑ Parts of Dutchess County: □ Northeast □ Northwest ☑ All of Dutchess County
☐ Greater Poughkeepsie ☐ Southeast □ Southwest (Beacon/Fishkill) ☐ Outside Dutchess County

Disability Access (please check all that apply)
☑ Disabled Parking ☑ Ramps ☐ Accessible Bathrooms
☐ Elevators ☐ Wide Doors ☐ Other

Languages other than English spoken by service providers:
☑ Spanish ☐ Other

Application Procedure (please check all that apply)
☐ Telephone ☑ Walk-in ☑ Appointment Required
☐ Referral required (and from whom?)

Documents Required (please check all that apply)
☐ None ☑ Proof of Residence ☑ Proof of Income ☑ Birth Certificate
☐ Other (please specify): Photo ID

Payment (please check all that apply)
☑ No Fee ☐ Fee of: ______ ☐ Sliding fee scale from $_____ to $______
* Depends on what program.
☐ Medicaid ☐ Medicare ☐ Private Insurance ☐ Credit Card ☐ Personal Check ☐ Cash

Note(s): 
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: DUTCHESS COUNTY COMMUNITY ACTION
Service or Program Name: ECIP/HEAP & FSC
Street address where service is offered: 77 Cannon Street
Mailing Address (if different): Poughkeepsie, New York 12601
City/State/Zip: Poughkeepsie, New York 12601
Website: wramirez@dccaa.org
Office Hours and Days: M-F 8:30-4:30
Contact Person:
Name: Wanda Ramirez
Title: HEAP/WRAP Coordinator
Telephone: (845) 452-5104
E-mail: wramirez@dccaa.org

Area Served (please check all that are served):
Parts of Dutchess County: ☑ Northeast ☑ Northwest ☑ All of Dutchess County
☑ Greater Poughkeepsie ☑ Southeast ☑ Southwest (Beacon/Fishkill) ☑ Outside Dutchess County

Disability Access (please check all that apply)
☑ Disabled Parking ☑ Ramps ☑ Accessible Bathrooms
☑ Elevators ☑ Wide Doors ☑ Other

Languages other than English spoken by service providers:
☑ Spanish ☑ Other

Application Procedure (please check all that apply)
☑ Telephone ☑ Walk-in ☑ Appointment Required
☑ Referral required (and from whom?)

Documents Required (please check all that apply)
☑ None ☑ Proof of Residence ☑ Proof of Income ☑ Birth Certificate
☑ Other (please specify):

Payment (please check all that apply)
☑ No Fee ☑ Fee of: _____ ☑ Sliding fee scale from $_____ to $_____
☐ Medicaid ☑ Medicare ☑ Private Insurance ☑ Credit Card ☑ Personal Check ☑ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: DUTCHESS COUNTY COMMUNITY ACTION

Service or Program Name: Family Development Program (Beacon)

Street address where service is offered: 93 Catherine Street

Mailing Address (if different):

City/State/Zip: Beacon, New York 12508

Website: www.bbbsdc.org

Office Hours and Days: M-F 8:30 – 4:30

Contact Person:

Name: Maria Dyson
Title: Site Director
Telephone: (845) 831-2620 X105
E-mail: mdyson@dccaa.org

Area Served (please check all that are served):

- Parts of Dutchess County:
  - □ Northeast
  - □ Northwest
  - □ All of Dutchess County
  - □ Greater Poughkeepsie
  - □ Southeast
  - ☑ Southwest (Beacon/Fishkill)
  - □ Outside Dutchess County

Disability Access (please check all that apply)

- ☑ Disabled Parking
- ☑ Ramps
- ☑ Accessible Bathrooms
- □ Elevators
- □ Wide Doors
- □ Other

Languages other than English spoken by service providers:

- ☑ Spanish
- □ Other

Application Procedure (please check all that apply)

- ☑ Telephone
- □ Walk-in
- ☑ Appointment Required
- □ Referral required (and from whom?)

Documents Required (please check all that apply)

- □ None
- ☑ Proof of Residence
- ☑ Proof of Income
- ☑ Birth Certificate
- ☑ Other (please specify): (Photo ID, and documents for all family members applying for services).

Payment (please check all that apply)

- ☑ No Fee
- □ Fee of: ______
- □ Sliding fee scale from $_____ to $_____
- □ Medicaid
- □ Medicare
- □ Private Insurance
- □ Credit Card
- □ Personal Check
- □ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: DUTCHESS COUNTY COMMUNITY ACTION
Service or Program Name: Family Development Program (Poughkeepsie)
Street address where service is offered: 84 Cannon Street
Mailing Address (if different): Poughkeepsie, New York 12601
Website: dccaa.org
Office Hours and Days: M-F 8:30-4:30 (Thursdays to 6:00 p.m.)
Open 1st and 3rd Saturday of each month
Contact Person:
  Name: Yvonne Maloney
  Title: Site Director
  Telephone: (845) 452-5104 X103 & X104
  E-mail: ymaloney@dccaa.org

Area Served (please check all that are served):
Parts of Dutchess County: ☒ Northeast ☒ Northwest ☐ All of Dutchess County
☐ Greater Poughkeepsie ☒ Southeast ☒ Southwest (Beacon/Fishkill) ☐ Outside Dutchess County

Disability Access (please check all that apply)
☒ Disabled Parking ☒ Ramps ☒ Accessible Bathrooms
☐ Elevators ☐ Wide Doors ☐ Other

Languages other than English spoken by service providers:
☒ Spanish ☐ Other

Application Procedure (please check all that apply)
☐ Telephone ☒ Walk-in ☒ Appointment Required
☐ Referral required (and from whom?)

Documents Required (please check all that apply)
☐ None ☐ Proof of Residence ☐ Proof of Income ☐ Birth Certificate
☒ Other (please specify): (Social Security Cards, NYS ID or Driver’s License).

Payment (please check all that apply)
☒ No Fee ☐ Fee of: ______ ☐ Sliding fee scale from $______ to $______
☐ Medicaid ☐ Medicare ☐ Private Insurance ☐ Credit Card ☐ Personal Check ☐ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: DUTCHESS COUNTY COMMUNITY ACTION

Service or Program Name: Powerful Opportunity Programs

Street address where service is offered: 84 Cannon Street

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12601

Website: dccaa.org

Office Hours and Days: M & W 8:30-4:30   Th 8:30-6:00   Fri 8:30-4:30

Contact Person:

Name: Sheri A. Johnson
Title: Program Director
Telephone: (845) 452-5104
E-mail: sjohnson@dccaa.org

Area Served (please check all that are served):

- Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
- □ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)

- □ Disabled Parking □ Ramps □ Accessible Bathrooms
- □ Elevators □ Wide Doors □ Other

Languages other than English spoken by service providers:

- □ Spanish □ Other

Application Procedure (please check all that apply)

- □ Telephone □ Walk-in □ Appointment Required
- □ Referral required (and from whom?)

Documents Required (please check all that apply)

- □ None □ Proof of Residence □ Proof of Income □ Birth Certificate
- □ Other (please specify):

Payment (please check all that apply)

- □ No Fee □ Fee of: ______ □ Sliding fee scale from $_____ to $____
- □ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

(Note(s):)
DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name:        DUTCHESS COUNTY COMMUNITY ACTION
Service or Program Name: Weatherization Assistance Program
Street address where service is offered: 84 Cannon Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website: dccaa.org
Office Hours and Days: M-F 8:30 – 4:30
Contact Person:
Name: Donna O’Brien
Title: Weatherization Director
Telephone: (845) 452-5104
E-mail: dobrien@dccaa.org

Area Served (please check all that are served):
- Parts of Dutchess County:  ☐ Northeast  ☐ Northwest  ☑ All of Dutchess County
- ☐ Greater Poughkeepsie  ☐ Southeast  ☐ Southwest (Beacon/Fishkill)  ☐ Outside Dutchess County

Disability Access (please check all that apply)
- ☑ Disabled Parking  ☑ Ramps  ☐ Accessible Bathrooms
- ☐ Elevators  ☐ Wide Doors  ☐ Other

Languages other than English spoken by service providers:
- ☑ Spanish  ☐ Other

Application Procedure (please check all that apply)
- ☑ Telephone  ☑ Walk-in  ☐ Appointment Required
- ☐ Referral required (and from whom?)

Documents Required (please check all that apply)
- ☐ None  ☑ Proof of Residence  ☑ Proof of Income  ☐ Birth Certificate
- ☑ Other (please specify): Proof of Ownership; most recent Electric Bill.

Payment (please check all that apply)
- ☑ No Fee  ☑ Fee (for eligible Landlords)  ☐ Sliding fee scale from $_____ to $_____
- ☐ Medicaid  ☐ Medicare  ☐ Private Insurance  ☐ Credit Card  ☐ Personal Check  ☐ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name:                             DUTCHESS COUNTY OFFICE FOR THE AGING
Service or Program Name:                             New York Connects
Street address where service is offered:                             27 High Street
Mailing Address (if different):                             Poughkeepsie, New York 12601
City/State/Zip:                             Poughkeepsie, New York 12601
Website:
Office Hours and Days:                             M-F 9:00 – 5:00
Contact Person:
Name:                             John Beale
Title:                             Director
Telephone:                             (845) 486-2555
E-mail:

Area Served (please check all that are served):
Parts of Dutchess County:

☐ Northeast                             ☐ Northwest                             ☒ All of Dutchess County
☐ Greater Poughkeepsie                             ☐ Southeast                             ☐ Southwest (Beacon/Fishkill)                             ☐ Outside Dutchess County

Disability Access (please check all that apply)
☒ Disabled Parking                             ☐ Ramps                             ☐ Accessible Bathrooms
☒ Elevators                             ☐ Wide Doors                             ☐ Other

Languages other than English spoken by service providers:
☒ Spanish                             ☐ Other

Application Procedure (please check all that apply)
☒ Telephone                             ☒ Walk-in                             ☐ Appointment Required
☐ Referral required (and from whom?)

Documents Required (please check all that apply)
☐ None                             ☐ Proof of Residence                             ☒ Proof of Income                             ☐ Birth Certificate
☐ Other (please specify):

Payment (please check all that apply)
☐ No Fee                             ☐ Fee of: _____                             ☒ Sliding fee scale from $_____ to $_____                             ☐ Medicaid                             ☐ Medicare                             ☐ Private Insurance                             ☐ Credit Card                             ☐ Personal Check                             ☐ Cash

Note(s):
Agency Name:                                    DUTCHESS COUNTY DEPARTMENT OF HEALTH
Service or Program Name:                      Many (Inquire by Phone)
Street address where service is offered:      387 Main Street
Mailing Address (if different):
City/State/Zip:                               Poughkeepsie, New York 12601
Website:
Office Hours and Days:                        M-F 9 to 5
Contact Person:
    Name:                                     Barbara Good
    Title:                                    Asst. Director, Public Health
    Telephone:                                (845) 486-3420
    E-mail:

Area Served (please check all that are served):
□ Northeast  □ Northwest  ☑ All of Dutchess County
□ Greater Poughkeepsie  □ Southeast  □ Southwest (Beacon/Fishkill)  □ Outside Dutchess County

Disability Access (please check all that apply)
☑ Disabled Parking  ☑ Ramps  ☑ Accessible Bathrooms
☑ Elevators  ☑ Wide Doors  □ Other

Languages other than English spoken by service providers:
☑ Spanish  □ Other

Application Procedure (please check all that apply)
☑ Telephone  ☑ Walk-in  ☑ Appointment Required
☑ Referral required (and from whom?)  Schools refer for Immunizations.

Documents Required (please check all that apply)
□ None  □ Proof of Residence  □ Proof of Income  □ Birth Certificate
☑ Other (please specify):  Immunization and Medical Records.

Payment (please check all that apply)
□ No Fee  □ Fee of: ______  ☑ Sliding fee scale from $.0 to cost of vaccines.
☑ Medicaid  ☑ Medicare  ☑ Private Insurance  ☑ Personal Check  ☑ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>DUTCHESS COUNTY HEALTH DEPARTMENT</th>
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</thead>
<tbody>
<tr>
<td>Service or Program Name:</td>
<td>Early Intervention and Preschool Special Education</td>
</tr>
<tr>
<td>Street address where service is offered:</td>
<td>in homes and schools</td>
</tr>
<tr>
<td>Mailing Address (if different):</td>
<td>15 Collegeview Ave</td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td>Poughkeepsie, New York 12603</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Beverly Allyn</td>
</tr>
<tr>
<td>Name:</td>
<td>Beverly Allyn</td>
</tr>
<tr>
<td>Title:</td>
<td>Coordinator</td>
</tr>
<tr>
<td>Telephone:</td>
<td>(845) 486-3518</td>
</tr>
<tr>
<td>E-mail:</td>
<td><a href="mailto:ballyn@co.dutchess.ny.us">ballyn@co.dutchess.ny.us</a></td>
</tr>
</tbody>
</table>

| Office Hours and Days: | M-F 9 to 5 |

| Area Served (please check all that are served): |
| Parts of Dutchess County: | ☐ Northeast ☐ Northwest ☑ All of Dutchess County |
| ☐ Greater Poughkeepsie | ☐ Southeast ☐ Southwest (Beacon/Fishkill) ☐ Outside Dutchess County |

| Disability Access (please check all that apply): |
| ☐ Disabled Parking | ☐ Ramps | ☐ Accessible Bathrooms |
| ☐ Elevators | ☐ Wide Doors | ☑ Other – N/A – Services at child’s home or childcare |

| Languages other than English spoken by service providers: |
| ☑ Spanish | ☑ Other – Attempts made to locate translators |

| Application Procedure (please check all that apply): |
| ☑ Telephone | ☐ Walk-in | ☐ Appointment Required |
| ☐ Referral required (and from whom?): |

| Documents Required (please check all that apply): |
| ☑ None | ☐ Proof of Residence | ☐ Proof of Income | ☐ Birth Certificate |
| ☐ Other (please specify): |

| Payment (please check all that apply): |
| ☑ No Fee | ☐ Fee of: ______ | ☐ Sliding fee scale from $______ to $______ |
| ☑ Medicaid | ☐ Medicare | ☑ Private Insurance | ☐ Credit Card | ☐ Personal Check | ☐ Cash |

Note(s):
Agency Name: DUTCHESS COUNTY DEPARTMENT OF MENTAL HYGIENE

Service or Program Name: Intensive Treatment Alternative Program (ITAP)

Street address where service is offered: 82 Washington Street

Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601

Website: www.dutchess.org

Office Hours and Days: 8:30 – 4:30 p.m. Monday-Friday

Contact Person:
Name: Michael North, LCSW
Title: Unit Administrator
Telephone: (845) 486-3690
E-mail: michaeln@dcdmh.org

Area Served (please check all that are served):
Parts of Dutchess County: ☐ Northeast ☐ Northwest ☑ All of Dutchess County
☐ Greater Poughkeepsie ☐ Southeast ☐ Southwest (Beacon/Fishkill) ☐ Outside Dutchess County

Disability Access (please check all that apply)
☑ Disabled Parking ☐ Ramps ☐ Accessible Bathrooms
☐ Elevators ☐ Wide Doors ☐ Other

Languages other than English spoken by service providers:
☐ Spanish ☐ Other

Application Procedure (please check all that apply)
☐ Telephone ☐ Walk-in ☑ Appointment Required
☑ Referral required (and from whom?) All participants are mandated to treatment either by DSS or the Criminal Justice System (Court/Lawyers/Probation/Parole)

Documents Required (please check all that apply)
□ None ☐ Proof of Residence ☐ Proof of Income ☐ Birth Certificate
□ Other (please specify):

Payment (please check all that apply)
□ No Fee ☐ Fee of: ______ ☑ Sliding fee scale from $______ to $______
(No one is rejected for inability to pay).
☑ Medicaid ☑ Medicare ☑ Private Insurance ☐ Credit Card ☑ Personal Check ☑ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>DUTCHESS COUNTY DEPARTMENT OF MENTAL HYGIENE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service or Program Name:</td>
<td>Jail-Based Services</td>
</tr>
<tr>
<td>Street address where service is offered:</td>
<td>150 North Hamilton Street</td>
</tr>
<tr>
<td>Mailing Address (if different):</td>
<td></td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td>Poughkeepsie, New York 12601</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.dutchess.gov">www.dutchess.gov</a></td>
</tr>
<tr>
<td>Office Hours and Days:</td>
<td>8 – 4 p.m. Monday-Friday</td>
</tr>
<tr>
<td>Contact Person:</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>William Eckert, LCSW</td>
</tr>
<tr>
<td>Title:</td>
<td>Unit Administrator</td>
</tr>
<tr>
<td>Telephone:</td>
<td>(845) 486-3960</td>
</tr>
<tr>
<td>E-mail:</td>
<td><a href="mailto:williame@dcdmh.org">williame@dcdmh.org</a></td>
</tr>
</tbody>
</table>

Area Served (please check all that are served):
- Parts of Dutchess County:  
  - □ Northeast  
  - □ Northwest  
  - ✓ All of Dutchess County  
  - □ Greater Poughkeepsie  
  - □ Southeast  
  - □ Southwest (Beacon/Fishkill)  
  - □ Outside Dutchess County

Disability Access (please check all that apply):
- ✗ Disabled Parking  
- □ Ramps  
- □ Accessible Bathrooms  
- □ Elevators  
- ✗ Wide Doors  
- □ Other

Languages other than English spoken by service providers:
- □ Spanish  
- □ Other

Application Procedure (please check all that apply):
- □ Telephone  
- □ Walk-in  
- □ Appointment Required  
- □ Referral required (and from whom?) Most individuals are in jail and can self refer, or anyone can request assistance on behalf of person.

Documents Required (please check all that apply):
- ✗ None  
- □ Proof of Residence  
- □ Proof of Income  
- □ Birth Certificate  
- □ Other (please specify): 

Payment (please check all that apply):
- ✗ No Fee  
- □ Fee of: _____  
- □ Sliding fee scale from $_____ to $_____  
- □ Medicaid  
- □ Medicare  
- □ Private Insurance  
- □ Credit Card  
- □ Personal Check  
- □ Cash

Note(s): Must be incarcerated to access services.
DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: DUTCHESS COUNTY DEPARTMENT OF MENTAL HYGIENE

Service or Program Name: MATS Program
Street address where service is offered: 82 Washington Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, NY 12601
Website: www.dutchess.gov
Office Hours and Days: 8:30 to 4:30 M-F

Contact Person:
  Name: Linda Monkman, LCSW
  Title: Supervisor
  Telephone: (845) 486-2950 X170
  E-mail: Lindam@dcdmh.org

Area Served (please check all that are served):
  Parts of Dutchess County: □ Northeast □ Northwest X All of Dutchess County
  □ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)
  □ Disabled Parking □ Ramps X Accessible Bathrooms
  □ Elevators X Wide Doors □ Other

Languages other than English spoken by service providers:
  □ Spanish □ Other

Application Procedure (please check all that apply)
  □ Telephone □ Walk-in □ Appointment Required
  □ Referral required (and from whom?) If you are heavy user of Medicaid dollars for Alcohol and S/A treatment you may be eligible.

Documents Required (please check all that apply)
  □ None □ Proof of Residence □ Proof of Income □ Birth Certificate
  □ Other (please specify): Picture ID

Payment (please check all that apply)
  □ No Fee □ Fee of: ______ □ Sliding fee scale from $_____ to $_____
  □ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s): No Fee. If you are eligible the services are free.
Agency Name: D.C. OFFICE OF PROBATION AND COMMUNITY CORRECTIONS

Service or Program Name: Many

Street address where service is offered: 50 Market Street, Poughkeepsie, New York 12601

Mailing Address (if different):

City/State/Zip: 223 Main Street, Beacon, New York 12508

Website: www.dutchess.gov

Office Hours and Days: 8 a.m. to 5 p.m. M,W,F and 8 a.m. to 7 p.m. Tu/Th

Contact Person:

Name: Mary Ellen Still
Title: Director
Telephone: (845) 486-2600
E-mail: probation@co.dutchess.ny.us

Area Served (please check all that are served):

- Parts of Dutchess County: ☑ Northeast ☑ Northwest ☑ All of Dutchess County
- ☑ Greater Poughkeepsie ☑ Southeast ☑ Southwest (Beacon/Fishkill) ☑ Outside Dutchess County

Disability Access (please check all that apply)

- ☑ Disabled Parking
- ☑ Ramps
- ☑ Accessible Bathrooms
- ☑ Elevators
- ☑ Wide Doors
- ☑ Other

Languages other than English spoken by service providers:

- ☑ Spanish
- ☑ Other

Application Procedure (please check all that apply)

- ☑ Telephone
- ☑ Walk-in
- ☑ Appointment Required
- ☒ Referral required (and from whom?) Court Orders

Documents Required (please check all that apply)

- ☑ None
- ☑ Proof of Residence
- ☑ Proof of Income
- ☑ Birth Certificate
- ☑ Other (please specify): Other documents may be required.

Payment (please check all that apply)

- ☑ No Fee
- ☑ Fee of: __________
- ☑ Sliding fee scale from $0.00 to $30.00 per mo.
- ☑ Supervision fees for adult probationers – custody investigation fees may vary
- ☑ Medicaid
- ☑ Medicare
- ☑ Private Insurance
- ☑ Credit Card
- ☑ Personal Check
- ☑ Cash

Note(s): 
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: DUTCHESS COUNTY DEPARTMENT OF SOCIAL SERVICES

Service or Program Name: Adult Protective Services
Street address where service is offered: 60 Market Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website: www.co.dutchess.ny.us/countygov/departments/socialservices
Office Hours and Days: M-F 9-5
Contact Person:
Name: Maryanne Maruschak
Title: Director, APS
Telephone: (845) 486-3026
E-mail: Maryanne.maruschak@dsa.state.ny.us

Area Served (please check all that are served):
Parts of Dutchess County: ☑ Northeast ☐ Northwest ☑ All of Dutchess County
☐ Greater Poughkeepsie ☐ Southeast ☐ Southwest (Beacon/Fishkill) ☐ Outside Dutchess County

Disability Access (please check all that apply)
□ Disabled Parking ☑ Ramps ☑ Accessible Bathrooms
□ Elevators ☑ Wide Doors □ Other

Languages other than English spoken by service providers:
☑ Spanish ☑ Other (Use Language Line as needed).

Application Procedure (please check all that apply)
☑ Telephone ☑ Walk-in □ Appointment Required
☑ Referral required (and from whom?) (Usually made by referrals, but not required).

Documents Required (please check all that apply)
☑ None ☐ Proof of Residence ☐ Proof of Income □ Birth Certificate
☐ Other (please specify):

Payment (please check all that apply)
☑ No Fee □ Fee of: _____ □ Sliding fee scale from $_____ to $_____
□ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s):
Agency Name: DUTCHESS COUNTY DEPARTMENT OF SOCIAL SERVICES
Service or Program Name: Child Protective Services
Street address where service is offered: 60 Market Street
Mailing Address (if different): Poughkeepsie, New York 12601
City/State/Zip: Poughkeepsie, New York 12601
Website: www.dutchess.org
Office Hours and Days: M-F 9-5 (Take Reports 24/7)
Contact Person:
Name: Rick LaVoie
Title: Ass't Director
Telephone: (845) 486-3381
E-mail:

Area Served (please check all that are served):
- Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
- □ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)
- □ Disabled Parking □ Ramps □ Accessible Bathrooms
- □ Elevators □ Wide Doors □ Other

Languages other than English spoken by service providers:
- □ Spanish □ Other

Application Procedure (please check all that apply)
- □ Telephone (1-800-342-3720) □ Walk-in □ Appointment Required
- □ Referral required (and from whom?) (Must be referred by Albany).

Documents Required (please check all that apply)
- □ None □ Proof of Residence □ Proof of Income □ Birth Certificate
- □ Other (please specify):

Payment (please check all that apply)
- □ No Fee □ Fee of: ______ □ Sliding fee scale from $_____ to $_____
- □ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: DUTCHESS COUNTY DEPARTMENT OF SOCIAL SERVICES

Service or Program Name: Medicaid
Street address where service is offered: 60 Market Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website: 
Office Hours and Days: 9 to 5 (Appointments are 9:00-10:30 a.m.)
Contact Person:
Name: Joanne Sinagra
Title: Director of Medicaid
Telephone: (845) 486–3008
E-mail: 

Area Served (please check all that are served):
☐ Parts of Dutchess County: ☐ Northeast ☐ Northwest ☒ All of Dutchess County
☐ Greater Poughkeepsie ☐ Southeast ☐ Southwest (Beacon/Fishkill) ☐ Outside Dutchess County

Disability Access (please check all that apply)
☒ Disabled Parking ☒ Ramps ☒ Accessible Bathrooms
☒ Elevators ☒ Wide Doors ☐ Other

Languages other than English spoken by service providers:
☒ Spanish ☒ Other (Chinese, Lithuanian, many others)

Application Procedure (please check all that apply)
☐ Telephone ☒ Walk-in ☐ Appointment Required
☐ Referral required (and from whom?)

Documents Required (please check all that apply)
☐ None ☒ Proof of Residence ☒ Proof of Income ☒ Birth Certificate
☐ Other (please specify):

Payment (please check all that apply)
☒ No Fee ☐ Fee of: ______ ☐ Sliding fee scale from $_____ to $_____
☐ Medicaid ☐ Medicare ☐ Private Insurance ☐ Credit Card ☐ Personal Check ☐ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: DUTCHESS COUNTY DEPARTMENT OF SOCIAL SERVICES
Service or Program Name: Public Assistance
Street address where service is offered: 60 Market Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website:
Office Hours and Days: M-F 9:00-5:00
Contact Person:
Name: Kathy Connis
Title: Director, Public Assistance
Telephone: (845) 486-3013
E-mail:

Area Served (please check all that are served):
Parts of Dutchess County: ☐ Northeast ☐ Northwest ☒ All of Dutchess County
☐ Greater Poughkeepsie ☐ Southeast ☐ Southwest (Beacon/Fishkill) ☐ Outside Dutchess County

Disability Access (please check all that apply)
☒ Disabled Parking ☒ Ramps ☒ Accessible Bathrooms
☒ Elevators ☒ Wide Doors ☐ Other

Languages other than English spoken by service providers:
☒ Spanish ☒ Other (Chinese, Lithuanian, Many Other Languages)

Application Procedure (please check all that apply)
☐ Telephone ☒ Walk-in ☐ Appointment Required
☐ Referral required (and from whom?)

Documents Required (please check all that apply)
☐ None ☒ Proof of Residence ☐ Proof of Income ☐ Birth Certificate
☒ Other (please specify): SSN

Payment (please check all that apply)
☒ No Fee ☐ Fee of: ______ ☐ Sliding fee scale from $______ to $______
☐ Medicaid ☐ Medicare ☐ Private Insurance ☐ Credit Card ☐ Personal Check ☐ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: DUTCHESS OUTREACH, INC.
Service or Program Name: Many (See Website)
Street address where service is offered: 29 N. Hamilton Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website: www.dutchessoutreach.org
Office Hours and Days: M-F 8:30 a.m. to 11:30 a.m. and 1 to 4:30 p.m.
Contact Person:
  Name: Any Case Worker
  Title: 
  Telephone: (845) 454-3792
  E-mail: dutchessoutreach.org

Area Served (please check all that are served):
Parts of Dutchess County:
  □ Northeast
  □ Northwest
  ☑ All of Dutchess County
  □ Greater Poughkeepsie
  □ Southeast
  □ Southwest (Beacon/Fishkill)
  □ Outside Dutchess County

Disability Access (please check all that apply)
  ☑ Disabled Parking
  ☑ Ramps
  ☑ Accessible Bathrooms
  ☑ Elevators
  □ Wide Doors
  □ Other

Languages other than English spoken by service providers:
  ☑ Spanish
  □ Other

Application Procedure (please check all that apply)
  ☑ Telephone
  ☑ Walk-in
  □ Appointment Required
  □ Referral required (and from whom?)

Documents Required (please check all that apply)
  □ None
  ☑ Proof of Residence
  ☑ Proof of Income
  ☑ Birth Certificate
  ☑ Other (please specify): Depending on services needed.

Payment (please check all that apply) N/A
  ☑ No Fee
  □ Fee of: ______
  □ Sliding fee scale from $_____ to $_____
  □ Medicaid
  □ Medicare
  □ Private Insurance
  □ Credit Card
  □ Personal Check
  □ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: EUROPA ASSOCIATES FOR COMMUNITY SERVICES, INC.
Service or Program Name: Medicaid Service Coordination
Street address where service is offered: 404 Manchester Road
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website:
Office Hours and Days: M-F 9 to 5
Contact Person:
Name: Robert Ndede
Title: Medicaid Service Coordinator
Telephone: (845) 473-4643 or 416-4302
E-mail: europaassociates@ecite.com

Area Served (please check all that are served):
Parts of Dutchess County: ☐ Northeast ☐ Northwest ☑ All of Dutchess County
☐ Greater Poughkeepsie ☐ Southeast ☐ Southwest (Beacon/Fishkill) ☐ Outside Dutchess County

Disability Access (please check all that apply)
☐ Disabled Parking ☐ Ramps ☐ Accessible Bathrooms
☐ Elevators ☐ Wide Doors ☐ Other

Languages other than English spoken by service providers:
☐ Spanish ☐ Other

Application Procedure (please check all that apply)
☑ Telephone ☑ Walk-in ☐ Appointment Required
☑ Referral required (and from whom?) DSS, DSDO, and other certified private agencies

Documents Required (please check all that apply)
☐ None ☐ Proof of Residence ☐ Proof of Income ☐ Birth Certificate
☐ Other (please specify): Medicaid Enrollment

Payment (please check all that apply)
☑ No Fee ☐ Fee of: _____ ☐ Sliding fee scale from $_____ to $_____
☑ Medicaid ☐ Medicare ☐ Private Insurance ☐ Credit Card ☐ Personal Check ☐ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/Web Site

Agency Name: FAMILY SERVICES INC.
Service or Program Name: Battered Women’s Services
Street address where service is offered: 29 N. Hamilton Street
Mailing Address (if different): Poughkeepsie, New York 12601
Website:
Office Hours and Days: M-F 9-5  (24-hour Hotline – (845) 485-5550)
Contact Person:
Name: Kathy Graham
Title: Director
Telephone: (845) 452-1110 X3202
E-mail: k.graham@familyservicesny.org

<table>
<thead>
<tr>
<th>Area Served (please check all that are served):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parts of Dutchess County:    □ Northeast    □ Northwest    ✓ All of Dutchess County</td>
</tr>
<tr>
<td>□ Greater Poughkeepsie        □ Southeast    □ Southwest (Beacon/Fishkill)    □ Outside Dutchess County</td>
</tr>
<tr>
<td>(Also if work or study in Dutchess County)</td>
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Disability Access (please check all that apply)

<table>
<thead>
<tr>
<th>Disabled Parking</th>
<th>Ramps</th>
<th>Accessible Bathrooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>✓</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Elevators</th>
<th>Wide Doors</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>✓</td>
<td>□</td>
</tr>
</tbody>
</table>

Languages other than English spoken by service providers:

<table>
<thead>
<tr>
<th>✓ Spanish</th>
<th>✓ Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Also use Language Line for other languages).</td>
</tr>
</tbody>
</table>

Application Procedure (please check all that apply)

<table>
<thead>
<tr>
<th>✓ Telephone</th>
<th>Walk-in</th>
<th>Appointment Required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>✓ Referral required (and from whom?)</th>
</tr>
</thead>
</table>

Documents Required (please check all that apply)

<table>
<thead>
<tr>
<th>✓ None</th>
<th>□ Proof of Residence</th>
<th>□ Proof of Income</th>
<th>□ Birth Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Other (please specify):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Payment (please check all that apply)

<table>
<thead>
<tr>
<th>✓ No Fee</th>
<th>□ Fee of: ______</th>
<th>□ Sliding fee scale from $_____ to $_____</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>□ Medicaid</th>
<th>□ Medicare</th>
<th>□ Private Insurance</th>
<th>□ Credit Card</th>
<th>□ Personal Check</th>
<th>□ Cash</th>
</tr>
</thead>
</table>

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASERMANAGEMENT RESOURCE GUIDE/WEB SITE

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>FAMILY SERVICES, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service or Program Name:</td>
<td>Crime Victims Assistance Program</td>
</tr>
<tr>
<td>Street address where service is offered:</td>
<td>29 N. Hamilton Street</td>
</tr>
<tr>
<td>Mailing Address (if different):</td>
<td>Poughkeepsie, New York 12601</td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td>Poughkeepsie, New York 12601</td>
</tr>
<tr>
<td>Website:</td>
<td></td>
</tr>
<tr>
<td>Office Hours and Days:</td>
<td>M-F 9 to 5 Hotline: (452-7272)</td>
</tr>
</tbody>
</table>

(People interested in services should call the CVAP Intake Department)

Contact Person:

| Name: | Renee Cunningham |
| Title: | Telephone: (845) 452-1110 X3083 or X3121 |

Area Served (please check all that are served):

| Parts of Dutchess County: | □ Northeast | □ Northwest | ✓ All of Dutchess County |
| Greater Poughkeepsie | □ Southeast | □ Southwest (Beacon/Fishkill) | □ Outside Dutchess County |

Disability Access (please check all that apply)

| Disabled Parking | □ Ramps | □ Accessible Bathrooms |
| Elevators | □ Wide Doors | □ Other |

Languages other than English spoken by service providers:

| Spanish (We have one bi-lingual/clinician advocate) | □ Other |

Application Procedure (please check all that apply)

| Telephone | □ Walk-in | □ Appointment Required for Therapy |
| Referral required (and from whom?) | |

Documents Required (please check all that apply)

| None | □ Proof of Residence | □ Proof of Income | □ Birth Certificate |
| Other (please specify): | |

Fees (please check all that apply) - (No Payment is Needed)

| No Fee | □ Fee of: ______ | □ Sliding fee scale from $_____ to $_____ |

Note(s):
Agency Name: FAMILY SERVICES, INC.

Service or Program Name: Domestic Abuse Awareness Classes for Men

Street address where service is offered: 29 N. Hamilton Street

Mailing Address (if different): Poughkeepsie, New York 12601

Office Hours and Days: Monday-Thursday 9 to 5 and Fridays 9 to 1

Contact Person:

Name: Sheena White
Title: Program Assistant
Telephone: (845) 452-1110 X3134
E-mail: swhite@fsiny.org

Area Served (please check all that are served):

- Disabled Parking
- Ramps
- Accessible Bathrooms
- Elevators
- Wide Doors
- Other

Disability Access (please check all that apply)

- All of Dutchess County
- Northeast
- Northwest
- Greater Poughkeepsie
- Southeast
- Southwest (Beacon/Fishkill)
- Outside Dutchess County

Languages other than English spoken by service providers:

- Spanish
- Other

Application Procedure (please check all that apply)

- Telephone
- Walk-in
- Appointment Required
- Referral required (and from whom?) Courts, Probation, Parole, or DSS.

Documents Required (please check all that apply)

- None
- Proof of Residence
- Proof of Income
- Birth Certificate
- Other (please specify): Referral Form

Payment (please check all that apply)

- No Fee
- Fee of: ______
- Sliding fee scale from $5.00 to $60.00 per week.
- Medicaid
- Medicare
- Private Insurance
- Credit Card
- Personal Check
- Cash

Note(s):
Agency Name: FAMILY SERVICES, INC.

Service or Program Name: Dutchess Youth Career Works

Street address where service is offered: 29 N. Hamilton Street

City/State/Zip: Poughkeepsie, New York 12601

Website:

Office Hours and Days: M-F 8:30 a.m. to 4:30 p.m.

Name: Casey Hons
Title: Program Coordinator
Telephone: (845) 452-1110 X3112
E-mail: chons@familyservicesny.org

Area Served (please check all that are served):
- □ Northeast
- □ Northwest
- ☑ All of Dutchess County
- □ Greater Poughkeepsie
- □ Southeast
- □ Southwest (Beacon/Fishkill)
- □ Outside Dutchess County

Disability Access (please check all that apply)
- ☑ Disabled Parking
- ☑ Ramps
- ☑ Accessible Bathrooms
- ☑ Elevators
- ☑ Wide Doors
- □ Other

Languages other than English spoken by service providers:
- □ Spanish
- □ Other

Application Procedure (please check all that apply)
- □ Telephone
- ☑ Walk-in
- □ Appointment Required
- □ Referral required (and from whom?)

Documents Required (please check all that apply)
- □ None
- ☑ Proof of Residence
- ☑ Proof of Income
- □ Birth Certificate
- □ Other (please specify):

Payment (please check all that apply)
- ☑ No Fee
- □ Fee of: ______
- □ Sliding fee scale from $______ to $______
- □ Medicaid
- □ Medicare
- □ Private Insurance
- □ Credit Card
- □ Personal Check
- □ Cash

Note(s):
Agency Name: FAMILY SERVICES, INC.

Service or Program Name: Teen-Parent Program

Street address where service is offered: 29 N. Hamilton Street

Mailing Address (if different): Poughkeepsie, New York 12601

Office Hours and Days: M-F 9-5, (early & late hours available)

Contact Person:
Name: Diane Labenski
Title: Teen Parent Program Coordinator
Telephone: (845) 452-4937
E-mail: dlabenski@familyservicesny.org

Area Served (please check all that are served):
Parts of Dutchess County: ☑ Northeast ☐ Northwest ☑ All of Dutchess County
☐ Greater Poughkeepsie ☐ Southeast ☐ Southwest (Beacon/Fishkill) ☐ Outside Dutchess County

Disability Access (please check all that apply)
☑ Disabled Parking ☑ Ramps ☑ Accessible Bathrooms
☑ Elevators ☑ Wide Doors ☐ Other

Languages other than English spoken by service providers:
☐ Spanish ☐ Other

Application Procedure (please check all that apply)
☑ Telephone ☑ Walk-in ☐ Appointment Required
☐ Referral required (and from whom?)

Documents Required (please check all that apply)
☐ None ☐ Proof of Residence ☐ Proof of Income ☐ Birth Certificate
☑ Other (please specify): DSS Benefits Card, if available.

Payment (please check all that apply)
☐ No Fee ☐ Fee of: ______ ☐ Sliding fee scale from $_____ to $_____
☐ Medicaid ☐ Medicare ☐ Private Insurance ☐ Credit Card ☐ Personal Check ☐ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: GATEWAY COMMUNITY INDUSTRIES INC.

Service or Program Name: Dutchess County Supportive Housing

Street address where service is offered: 82 Washington Street

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12601

Website: www.gatewayindustries.org

Office Hours and Days:

Contact Person:

Name: Darcy McCourt
Title: Director of Res. Services
Telephone: (845) 473-5642
E-mail: dmccourt@gatewayindustries.org

Area Served (please check all that are served):

- All of Dutchess County
- Northeast
- Northwest
- Greater Poughkeepsie
- Southeast
- Southwest (Beacon/Fishkill)
- Outside Dutchess County

Note: Gateway, in general, supports outside of Dutchess County.

Disability Access (please check all that apply)

- Disabled Parking
- Ramps
- Accessible Bathrooms
- Elevators
- Wide Doors
- Other

Languages other than English spoken by service providers:

- Spanish
- Other

Application Procedure (please check all that apply)

- Telephone
- Walk-in
- Appointment Required
- Referral required (and from whom?) S.P.O.E.

Documents Required (please check all that apply)

- None
- Proof of Residence
- Proof of Income
- Birth Certificate
- Other (please specify): Full referral package from S.P.O.E.

Payment (please check all that apply) DSS/SSI/SSD Entitlements.

- No Fee for Res. Services
- Fee of: ______
- Sliding fee scale from $______ to $______
- Medicaid
- Medicare
- Private Insurance
- Credit Card
- Personal Check
- Cash

Note(s):
Agency Name: GATEWAY COMMUNITY INDUSTRIES, INC.

Service or Program Name: Medicaid Service Coordination

Street address where service is offered: One Amy Kay Parkway

Mailing Address (if different): P.O. Box 5002

City/State/Zip: Kingston, New York 12402-5002

Website: www.gatewayindustries.org

Office Hours and Days: M-F 8 to 4

Contact Person:

Name: David Laube
Title: Manager, Medicaid Services Coordinator
Telephone: (845) 339-0155 X366
E-mail: lasdlaube@gatewayindustries.org

Area Served (please check all that are served):

Parts of Dutchess County: ☐ Northeast ☐ Northwest ☒ All of Dutchess County
☐ Greater Poughkeepsie ☐ Southeast ☒ Southwest (Beacon/Fishkill) ☒ Ulster County

Disability Access (please check all that apply)

☐ Disabled Parking ☒ Ramps ☒ Accessible Bathrooms
☐ Elevators ☒ Wide Doors ☐ Other

Languages other than English spoken by service providers:

☐ Spanish ☐ Other

Application Procedure (please check all that apply)

☒ Telephone ☐ Walk-in ☐ Appointment Required
☐ Referral required (and from whom?)

Documents Required (please check all that apply)

☐ None ☐ Proof of Residence ☐ Proof of Income ☐ Birth Certificate
☒ Other (please specify): HCBS Waiver enrolled eligibility.

Payment (please check all that apply)

☒ No Fee ☐ Fee of: ______ ☐ Sliding fee scale from $_____ to $_____
☒ Medicaid ☐ Medicare ☐ Private Insurance ☐ Credit Card ☐ Personal Check ☐ Cash

Note(s):
Agency Name: GATEWAY COMMUNITY INDUSTRIES INC.
Service or Program Name: Residential Services
Street address where service is offered: Various Locations in Dutchess County
Mailing Address (if different): One Amy Kay Parkway
City/State/Zip: Kingston, New York 12401
Website: www.gatewayindustries.org
Office Hours and Days: 24/7

Contact Person:
Name: Darcy McCourt
Title: Residential Director
Telephone: (845) 331-1261
E-mail: dmccourt@gatewayindustries.org

Area Served (please check all that are served):
Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
□ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)
☑ Disabled Parking ☑ Ramps ☑ Accessible Bathrooms
☑ Elevators □ Wide Doors □ Other

Languages other than English spoken by service providers:
☑ Spanish ☑ Other (Interpreter Services)

Application Procedure (please check all that apply)
□ Telephone □ Walk-in □ Appointment Required
☑ Referral required (and from whom?) Self or Service Provider

Documents Required (please check all that apply)
□ None □ Proof of Residence □ Proof of Income □ Birth Certificate
☑ Other (please specify): MH/DD/DX

Payment (please check all that apply)
☑ No Fee □ Fee of: ______ □ Sliding fee scale from $______ to $______
☑ Medicaid □ Medicare □ Private Insurance □ Credit Card ☑ Personal Check □ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: GATEWAY COMMUNITY INDUSTRIES, INC.

Service or Program Name: Vocational Services
Street address where service is offered: 82 Washington Street
Mailing Address (if different): Poughkeepsie, New York 12601
Website: www.gatewayindustries.org
Office Hours and Days: M-F 8 to 4

Contact Person:
Name: Sandy Lindmark
Title: Mgr. D.C. Vocational Transition Center Telephone: (845) 473-7127
E-mail: slindmark@gatewayindustries.org

Area Served (please check all that are served):
- Parts of Dutchess County:
  - Northeast
  - Northwest
  - All of Dutchess County
  - Greater Poughkeepsie
  - Southeast
  - Southwest (Beacon/Fishkill)
  - Ulster County

Disability Access (please check all that apply)
- Disabled Parking
- Ramps
- Accessible Bathrooms
- Elevators
- Wide Doors
- Other

Languages other than English spoken by service providers:
- Spanish
- Other

Application Procedure (please check all that apply)
- Telephone
- Walk-in
- Appointment Required
- Referral required (and from whom?) VESID, Mental Health Practitioner

Documents Required (please check all that apply)
- None
- Proof of Residence
- Proof of Income
- Birth Certificate
- Other (please specify): Proof of Disability

Payment (please check all that apply)
- No Fee
- Fee of: ______
- Sliding fee scale from $_____ to $_____
- Medicaid
- Medicare
- Private Insurance
- Credit Card
- Personal Check
- Cash

Note(s):
### DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th><strong>Good Counsel</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Service or Program Name:</td>
<td></td>
</tr>
<tr>
<td>Street address where service is offered:</td>
<td>38 North Clinton Street</td>
</tr>
<tr>
<td>Mailing Address (if different):</td>
<td></td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td>Poughkeepsie, NY 12601</td>
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<tr>
<td>Website:</td>
<td><a href="http://www.goodcounsel.org">www.goodcounsel.org</a></td>
</tr>
<tr>
<td>Office Hours and Days:</td>
<td>Office (8 a.m. to 4 p.m.)</td>
</tr>
<tr>
<td>Contact Person:</td>
<td></td>
</tr>
<tr>
<td>Name: Carlene Manning</td>
<td></td>
</tr>
<tr>
<td>Title: Manager</td>
<td></td>
</tr>
<tr>
<td>Telephone: (845)452-2944</td>
<td></td>
</tr>
<tr>
<td>E-mail:</td>
<td></td>
</tr>
<tr>
<td>Hot Line: (1-800-723-8331)</td>
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### Area Served (please check all that are served):

Parts of Dutchess County:  
- [ ] Northeast 
- [ ] Northwest 
- [X] All of Dutchess County 
- [ ] Greater Poughkeepsie 
- [ ] Southeast 
- [ ] Southwest (Beacon/Fishkill) 
- [X] Outside Dutchess County

### Disability Access (please check all that apply)

- [X] Disabled Parking 
- [X] Ramps 
- [ ] Accessible Bathrooms 
- [ ] Elevators 
- [X] Wide Doors 
- [ ] Other

### Languages other than English spoken by service providers:

- [X] Spanish 
- [ ] Other

### Application Procedure (please check all that apply)

- [X] Telephone 
- [ ] Walk-in 
- [ ] Appointment Required 
- [ ] Referral required (and from whom?)

### Documents Required (please check all that apply)

- [ ] None 
- [ ] Proof of Residence 
- [ ] Proof of Income 
- [X] Birth Certificate 
- [ ] Other (please specify): SS Card 
- [ ] Picture ID

### Payment (please check all that apply)

- [ ] No Fee 
- [ ] Fee of: _____ 
- [X] Sliding fee scale 
- [ ] 10% of income or DSS approved 
- [X] Medicaid 
- [ ] Medicare 
- [ ] Private Insurance 
- [ ] Credit Card 
- [ ] Personal Check 
- [ ] Cash

### Note(s):
Agency Name: GRACE SMITH HOUSE, INC.

Service or Program Name: Brookhaven
Street address where service is offered: 1 Brookside Avenue
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website:
Office Hours and Days: M-F 9 to 5

Contact Person:
Name: Susan F. Denton
Title: Brookhaven Manager
Telephone: (845) 452-7155
E-mail: Susand@gracesmithhouse.org

Area Served (please check all that are served):
Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
□ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)
□ Disabled Parking □ Ramps □ Accessible Bathrooms
□ Elevators □ Wide Doors □ Other

Languages other than English spoken by service providers:
□ Spanish □ Other

Application Procedure (please check all that apply)
□ Telephone □ Walk-in □ Appointment Required
□ Referral required (and from whom?) Application required. Must be living apart from abuser for 30 days, homeless due to domestic violence/in counseling for domestic violence.

Documents Required (please check all that apply)
□ None □ Proof of Residence □ Proof of Income □ Birth Certificate
□ Other (please specify): Domestic Violence Referral.

Payment (please check all that apply)
No Fee □ Fee of: Rent Subsidy to be determined □ Sliding fee scale from $_____ to $_____
□ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s):
Agency Name: GRACE SMITH HOUSE, INC.
Service or Program Name: Grace Smith House/Shelter #1
Street address where service is offered: P.O. Box 5205
Mailing Address (if different): Poughkeepsie, New York 12601
City/State/Zip: www.gracesmithhouse.org
Website: Office Hours and Days: 24 Hours a Day – 7 Days a Week (Hotline Number 845-471-3033)
Contact Person: Laurie Benton
Name: Director Telephone: (845) 471-3038
E-mail: benton@gracesmithhouse.org
Area Served (please check all that are served):
- Parts of Dutchess County:
  - Northeast
  - Northwest
  - All of Dutchess County
- Greater Poughkeepsie
- Southeast
- Southwest (Beacon/Fishkill)
- Outside Dutchess County
Disability Access (please check all that apply)
- Disabled Parking
- Ramps
- Accessible Bathrooms
- Elevators
- Wide Doors
- Other
Languages other than English spoken by service providers:
- Spanish
- Other Language Line services available
Application Procedure (please check all that apply)
- Telephone
- Walk-in
- Appointment Required
- Referral required (and from whom?)
Documents Required (please check all that apply)
- None
- Proof of Residence
- Proof of Income
- Birth Certificate
- Other (please specify): Any and all documents that may help to identify and establish the client
Payment (please check all that apply)
- No Fee
- Fee of: ______
- Sliding fee scale from $_____ to $_____
NOTE: Fees paid by per diem from DSS. Others work out affordable payment agreement.
- Medicaid
- Medicare
- Private Insurance
- Credit Card
- Personal Check
- Cash
Note(s):
Collect calls accepted
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: GRACE SMITH HOUSE, INC.

Service or Program Name: Non-Residential Program

Street address where service is offered: 1 Brookside Avenue

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12601

Website: www.gracesmithhouse.org

Office Hours and Days: M-F 9 to 5

Contact Person:

Name: Judy Lombardi, LCSW
Title: Executive Director
Telephone: (845) 452-0908
E-mail: barbs@gracesmithhouse.org

Area Served (please check all that are served):

Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
□ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)

□ Disabled Parking □ Ramps □ Accessible Bathrooms
□ Elevators □ Wide Doors □ Other

Languages other than English spoken by service providers:

□ Spanish □ Other

Application Procedure (please check all that apply)

□ Telephone □ Walk-in □ Appointment Required
□ Referral required (and from whom?)

Documents Required (please check all that apply)

□ None □ Proof of Residence □ Proof of Income □ Birth Certificate
□ Other (please specify):

Payment (please check all that apply)

□ No Fee □ Fee of: ______ □ Sliding fee scale from $______ to $______
□ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: GRACE SMITH HOUSE, INC.
Service or Program Name: Northeast Shelter
Street address where service is offered: “Confidential”
Mailing Address (if different): P.O. Box 97
City/State/Zip: Millerton, New York 12546
Website: www.gracesmithhouse.org
Office Hours and Days: 24 Hours a Day – 7 Days a Week
Contact Person:
   Name: Sarita Greene
   Title: Shelter Director
   Telephone: (518) 789-6977
   E-mail: sarita@gracesmithhouse.org

Area Served (please check all that are served):
Parts of Dutchess County: ☑ Northeast ☐ Northwest ☑ All of Dutchess County
☐ Greater Poughkeepsie ☐ Southeast ☐ Southwest (Beacon/Fishkill) ☑ Outside Dutchess County

Disability Access (please check all that apply)
☐ Disabled Parking ☐ Ramps ☑ Accessible Bathrooms
☐ Elevators ☐ Wide Doors ☐ Other

Languages other than English spoken by service providers:
☐ Spanish ☑ Other Language Line services available

Application Procedure (please check all that apply)
☐ Telephone ☐ Walk-in ☐ Appointment Required
☐ Referral required (and from whom?)

Documents Required (please check all that apply)
☐ None ☐ Proof of Residence ☐ Proof of Income ☐ Birth Certificate
☐ Other (please specify):

Payment (please check all that apply)
☐ No Fee ☐ Fee of: ______ ☐ Sliding fee scale from $______ to $______
☐ Medicaid ☐ Medicare ☐ Private Insurance ☐ Credit Card ☐ Personal Check ☐ Cash

Note(s):
Collect calls accepted
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: GREYSTONE PROGRAMS INC.  
Service or Program Name: Many (See Website)  
Street address where service is offered: 36 Violet Avenue  
Mailing Address (if different): Poughkeepsie, New York 12601  
City/State/Zip:  
Website: www.greystoneprograms.org  
Office Hours and Days: M-F 1:00 – 4:30  
Contact Person:  
Name: Catherine Doyle  
Title: C.E.O.  
Telephone: (845) 452-5772  
E-mail:  

Area Served (please check all that are served):  
Parts of Dutchess County:  
☐ Northeast  
☐ Northwest  
☒ All of Dutchess County  
☐ Greater Poughkeepsie  
☐ Southeast  
☐ Southwest (Beacon/Fishkill)  
☐ Outside Dutchess County  

Disability Access (please check all that apply)  
☒ Disabled Parking  
☒ Ramps  
☐ Accessible Bathrooms  
☐ Elevators  
☐ Wide Doors  
☐ Other  

Languages other than English spoken by service providers:  
☐ Spanish  
☐ Other  

Application Procedure (please check all that apply)  
☐ Telephone  
☐ Walk-in  
☐ Appointment Required  
☒ Referral required (and from whom?) Medicaid Service Coordinator/Family.  

Documents Required (please check all that apply)  
☐ Proof of Residence  
☐ Proof of Income  
☐ Birth Certificate  
☒ Other (please specify): Intake Package  

Payment (please check all that apply)  
☒ No Fee  
☐ Fee of: _____  
☐ Sliding fee scale from $_____ to $_____  
☒ Medicaid  
☐ Medicare  
☐ Private Insurance  
☐ Credit Card  
☐ Personal Check  
☐ Cash  

Note(s):
Agency Name: HUDSON RIVER HEALTH CARE INC.
Service or Program Name: HELP – Community Care Partners - HCAP
Street address where service is offered: 29 North Hamilton Street
Mailing Address (if different): Poughkeepsie, New York 12601
City/State/Zip: Poughkeepsie, New York 12601
Website: hchcare.org
Office Hours and Days: M-F 10 a.m. to 1:00 p.m.
Contact Person:
  Name: S. Muller
  Title: HCAP Project Director
  Telephone: (845) 483-5757 / 454-8201
  E-mail: smuller@hchcare.org

Area Served (please check all that are served):
  Parts of Dutchess County:
    ☐ Northeast ☐ Northwest ☐ All of Dutchess County
    ☐ Greater Poughkeepsie ☐ Southeast ☐ Southwest (Beacon/Fishkill) ☐ City of Poughkeepsie

Disability Access (please check all that apply)
  ☐ Disabled Parking ☐ Ramps ☐ Accessible Bathrooms
  ☐ Elevators ☐ Wide Doors ☐ Other

Languages other than English spoken by service providers:
  ☐ Spanish ☐ Other

Application Procedure (please check all that apply)
  ☐ Telephone ☐ Walk-in ☐ Appointment Required
  ☐ Referral required (and from whom?)

Documents Required (please check all that apply)
  ☐ None ☐ Proof of Residence ☐ Proof of Income ☐ Birth Certificate
  ☐ Other (please specify): Register with Community Care Partners and then bring documents for health care

Payment (please check all that apply)
  ☐ No Fee ☐ Fee of: ______ ☐ Sliding fee scale from $______ to $______
  ☐ Medicaid ☐ Medicare ☐ Private Insurance ☐ Credit Card ☐ Personal Check ☐ Cash

Note(s):
Agency Name: HUDSON RIVER HOUSING, INC.
Service or Program Name: Dutchess County Coalition for the Homeless
Street address where service is offered: 28 Snow Terrace
Mailing Address (if different): 313 Mill Street
City/State/Zip: Poughkeepsie, New York 12601
Website: www.hudsonriverhousing.org
Office Hours and Days: 8:15 p.m. to 7:00 a.m.

Contact Person:
Name: Linda Malave
Title: Project Director
Telephone: (845) 452-5197
E-mail: lmalave@hudsonriverhousing.org

Area Served (please check all that are served):
☐ Parts of Dutchess County:
☐ Northeast ☐ Northwest ☒ All of Dutchess County
☐ Greater Poughkeepsie ☐ Southeast ☐ Southwest (Beacon/Fishkill) ☐ Outside Dutchess County

Disability Access (please check all that apply)
☐ Disabled Parking ☐ Ramps ☒ Accessible Bathrooms
☐ Elevators ☐ Wide Doors ☐ Other

Languages other than English spoken by service providers:
☐ Spanish ☐ Other

Application Procedure (please check all that apply)
☐ Telephone ☐ Walk-in ☐ Appointment Required
☐ Referral required (and from whom?)

Documents Required (please check all that apply)
☐ None ☐ Proof of Residence ☐ Proof of Income ☐ Birth Certificate
☒ Other (please specify): TB Test Results

Payment (please check all that apply)
☒ No Fee ☐ Fee of: ______ ☒ Sliding fee scale from $______ to $______
☐ Medicaid ☐ Medicare ☐ Private Insurance ☐ Credit Card ☐ Personal Check ☐ Cash

Note(s): This is a Homeless Shelter. Accessed in the evening and must be vacated at 7 a.m.
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: HUDSON RIVER HOUSING, INC.
Service or Program Name: Gannett House
Street address where service is offered: 391 Manchester Road
Mailing Address (if different): 313 Mill Street
City/State/Zip: Poughkeepsie, New York 12603
Website: www.hudsonriverhousing.org
Office Hours and Days: 24 Hours a day 7 days a week
Contact Person:
Name: Darlene Thomas
Title: Project Manager
Telephone: (845) 452-0019
E-mail: skilpatrick@hudsonriverhousing.org

<table>
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<tr>
<td>Parts of Dutchess County: ☐ Northeast ☐ Northwest ☐ All of Dutchess County</td>
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<tr>
<td>☐ Greater Poughkeepsie ☐ Southeast ☐ Southwest (Beacon/Fishkill) ☐ Outside Dutchess County</td>
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<tbody>
<tr>
<td>☑ Disabled Parking ☐ Ramps ☑ Accessible Bathrooms</td>
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<td>☐ Elevators ☐ Wide Doors ☐ Other</td>
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<tr>
<td>☑ Spanish ☐ Other</td>
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<tbody>
<tr>
<td>☐ Telephone ☐ Walk-in ☐ Appointment Required</td>
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<tr>
<td>☑ Referral required (and from whom?) DC DSS</td>
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<th>Documents Required (please check all that apply):</th>
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</thead>
<tbody>
<tr>
<td>☐ None ☐ Proof of Residence ☐ Proof of Income ☐ Birth Certificate</td>
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<td>☑ Other (please specify): DSS Authorization</td>
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<tbody>
<tr>
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</tr>
<tr>
<td>☐ Medicaid ☐ Medicare ☐ Private Insurance ☐ Credit Card ☐ Personal Check ☐ Cash</td>
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Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: HUDSON RIVER HOUSING, INC.
Service or Program Name: Hillcrest House Transitional Housing
Street address where service is offered: 28 Snow Terrace
Mailing Address (if different): 313 Mill Street
City/State/Zip: Poughkeepsie, New York 12601
Website: www.hudsonriverhousing.org
Office Hours and Days: 24 Hours a day 7 days a week

Contact Person:
Name: Linda Malave
Title: Project Director
Telephone: (845) 452-5197
E-mail: lmalave@hudsonriverhousing.org

Area Served (please check all that are served):
☐ Parts of Dutchess County: ☐ Northeast ☐ Northwest ☑ All of Dutchess County
☐ Greater Poughkeepsie ☐ Southeast ☐ Southwest (Beacon/Fishkill) ☐ Outside Dutchess County

Disability Access (please check all that apply)
☒ Disabled Parking ☒ Ramps ☒ Accessible Bathrooms
☒ Elevators ☒ Wide Doors ☐ Other

Languages other than English spoken by service providers:
☐ Spanish ☐ Other

Application Procedure (please check all that apply)
☒ Telephone ☐ Walk-in ☐ Appointment Required
☐ Referral required (and from whom?) Application must be submitted for review.

Documents Required (please check all that apply)
☐ None ☐ Proof of Residence ☒ Proof of Income ☐ Birth Certificate
☐ Other (please specify):

Payment (please check all that apply)
☐ No Fee ☐ Fee of: ______ ☒ Sliding fee scale from $_____ to $_____
☐ Medicaid ☐ Medicare ☐ Private Insurance ☐ Credit Card ☐ Personal Check ☒ Cash

Note(s):
Agency Name: HUDSON RIVER HOUSING, INC.
Service or Program Name: River Haven Independent Living Program
Street address where service is offered: 305-307 Mill Street
Mailing Address (if different): 313 Mill Street
City/State/Zip: Poughkeepsie, New York 12601
Website: www.hudsonriverhousing.org
Office Hours and Days: Open 24 hours 7 days a week

Contact Person:
Name: Pat Kellett
Title: Director of Youth Services
Telephone: (845) 454-2300
E-mail: pkellett@hudsonriverhousing.org

Area Served (please check all that are served):
Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
□ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)
□ Disabled Parking □ Ramps □ Accessible Bathrooms
□ Elevators □ Wide Doors □ Other

Languages other than English spoken by service providers:
□ Spanish □ Other

Application Procedure (please check all that apply)
□ Telephone □ Walk-in □ Appointment Required
□ Referral required (and from whom?) Varieties.

Documents Required (please check all that apply)
□ None □ Proof of Residence □ Proof of Income □ Birth Certificate
□ Other (please specify): Intake Documentation

Payment (please check all that apply) D.C. & N.Y.S.
□ No Fee □ Fee of: _____ □ Sliding fee scale from $_____ to $______
(Varies)
□ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s):
Agency Name: HUDSON RIVER HOUSING, INC.
Service or Program Name: River Haven Shelter
Street address where service is offered: Catharine Street
Mailing Address (if different): 313 Mill Street
City/State/Zip: Poughkeepsie, New York 12601
Website: www.hudsonriverhousing.org
Office Hours and Days: Open 24 hours 7 days a week
Contact Person:
  Name: Donna Menconeri
  Title: Supervising Case Manager
  Telephone: (845) 454-3600
  E-mail: dmenconeri@hudsonriverhousing.org

Area Served (please check all that are served):
Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
□ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)
□ Disabled Parking □ Ramps □ Accessible Bathrooms
□ Elevators □ Wide Doors □ Other

Languages other than English spoken by service providers:
□ Spanish □ Other

Application Procedure (please check all that apply)
□ Telephone □ Walk-in □ Appointment Required
□ Referral required (and from whom?) DC DSS, DC Probation, DC Family Court, School Districts

Documents Required (please check all that apply)
□ None □ Proof of Residence □ Proof of Income □ Birth Certificate
□ Other (please specify): Intake Documents

Payment (please check all that apply)
□ No Fee □ Fee of: _____ □ Sliding fee scale from $______ to $______
□ DC DSS Contract □ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s): 
Agency Name: HUDSON RIVER HOUSING, INC.
Service or Program Name: River Haven Street Outreach
Street address where service is offered: 305-307 Mill Street
Mailing Address (if different): 313 Mill Street
City/State/Zip: Poughkeepsie, New York 12601
Website: www.hudsonriverhousing.org
Office Hours and Days: Varies
Contact Person:
Name: Pat Kellett
Title: Director of Youth Services
Telephone: (845) 454-2300
E-mail: pkellett@hudsonriverhousing.org

Area Served (please check all that are served):
- Parts of Dutchess County: □ Northeast  □ Northwest  □ All of Dutchess County
- □ Greater Poughkeepsie  □ Southeast  □ Southwest (Beacon/Fishkill)  □ Outside Dutchess County

Disability Access (please check all that apply)
- □ Disabled Parking
- □ Ramps
- □ Accessible Bathrooms
- □ Elevators
- □ Wide Doors
- □ Other

Languages other than English spoken by service providers:
- □ Spanish
- □ Other

Application Procedure (please check all that apply)
- □ Telephone
- □ Walk-in
- □ Appointment Required
- □ Referral required (and from whom?)

Documents Required (please check all that apply)
- □ None
- □ Proof of Residence
- □ Proof of Income
- □ Birth Certificate
- □ Other (please specify):

Payment (please check all that apply) N/A
- □ No Fee
- □ Fee of: ______
- □ Sliding fee scale from $_____ to $_____
- □ Medicaid
- □ Medicare
- □ Private Insurance
- □ Credit Card
- □ Personal Check
- □ Cash

Note(s):
Agency Name: HUDSON RIVER HOUSING, INC.
Service or Program Name: River Haven Transitional Living Center
Street address where service is offered: 305-307 Mill Street
Mailing Address (if different): 313 Mill Street
City/State/Zip: Poughkeepsie, New York 12601
Website: www.hudsonriverhousing.org
Office Hours and Days: Open 24 hours a day 7 days a week
Contact Person:
  Name: Pat Kellett
  Title: Director of Youth Services
  Telephone: (845) 454-2300
  E-mail: pkellett@hudsonriverhousing.org

Area Served (please check all that are served):
  Parts of Dutchess County: □ Northeast  □ Northwest  □ All of Dutchess County
  □ Greater Poughkeepsie  □ Southeast  □ Southwest (Beacon/Fishkill)  □ Outside Dutchess County

Disability Access (please check all that apply)
  □ Disabled Parking  □ Ramps  □ Accessible Bathrooms
  □ Elevators  □ Wide Doors  □ Other

Languages other than English spoken by service providers:
  □ Spanish  □ Other

Application Procedure (please check all that apply)
  □ Telephone  □ Walk-in  □ Appointment Required
  □ Referral required (and from whom?)  Varies.

Documents Required (please check all that apply)
  □ None  □ Proof of Residence  □ Proof of Income  □ Birth Certificate

Payment (please check all that apply)
  □ No Fee  □ Fee of: ______  □ Sliding fee scale from $_____ to $_____
     (Varies)
  □ Medicaid  □ Medicare  □ Private Insurance  □ Credit Card  □ Personal Check  □ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/Web Site

Agency Name: HUDSON RIVER PSYCHIATRIC CENTER
Service or Program Name: Alliance House
Street address where service is offered: 316 Violet Avenue
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12603
Website:
Office Hours and Days: 24-7
Contact Person:
Name: Allen Stippa
Title: House Manager
Telephone: (845) 452-3964
E-mail:

Area Served (please check all that are served):
□ Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
□ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Putnam (If referred)

Disability Access (please check all that apply)
□ Disabled Parking □ Ramps □ Accessible Bathrooms
□ Elevators □ Wide Doors □ Other

Languages other than English spoken by service providers:
□ Spanish □ Other

Application Procedure (please check all that apply)
□ Telephone □ Walk-in □ Appointment Required
□ Referral required (and from whom?) Treated by MD/ACT Team

Documents Required (please check all that apply)
□ None □ Proof of Residence □ Proof of Income □ Birth Certificate
□ Other (please specify): Referral form/write-up on client, meds.

Payment (please check all that apply)
□ No Fee □ Fee of: ______ □ Sliding fee scale from $_____ to $______
□ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: HUDSON RIVER PSYCHIATRIC CENTER
Service or Program Name: Inpatient Unit
Street address where service is offered: 10 Ross Circle
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website:
Office Hours and Days: 7 days a week
Contact Person:
Name: Jean Dingee
Title: R.N.
Telephone: (845) 452-8000
E-mail:

Area Served (please check all that are served):
Parts of Dutchess County: □ Northeast □ Northwest X All of Dutchess County
□ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) X Outside Dutchess County

Disability Access (please check all that apply)
X Disabled Parking X Ramps X Accessible Bathrooms
X Elevators X Wide Doors □ Other

Languages other than English spoken by service providers:
X Spanish □ Other

Application Procedure (please check all that apply)
□ Telephone □ Walk-in □ Appointment Required
X Referral required (and from whom?) Psychiatric Hospital

Documents Required (please check all that apply)
X None □ Proof of Residence □ Proof of Income □ Birth Certificate
□ Other (please specify):

Payment (please check all that apply)
X No Fee □ Fee of: ______ □ Sliding fee scale from $_____ to $_____
X Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s): This is a State Psychiatric Hospital and referral needs to come from local 9.37 Hospital
DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: HUDSON RIVER PSYCHIATRIC CENTER

Service or Program Name: Mobile Crisis Team

Street address where service is offered: 4 Jefferson Plaza

City/State/Zip: Poughkeepsie, New York 12603

Website:

Office Hours and Days: Monday through Friday 9-5

Contact Person:

Name: Veronica Cavalla
Title: Team Leader
Telephone: (845) 452-3964
E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
□ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Putnam (If referred)

Disability Access (please check all that apply)
□ Disabled Parking □ Ramps □ Accessible Bathrooms
□ Elevators □ Wide Doors □ Other

Languages other than English spoken by service providers:
□ Spanish □ Other

Application Procedure (please check all that apply)
□ Telephone □ Walk-in □ Appointment Required
□ Referral required (and from whom?) Community

Documents Required (please check all that apply)
□ None □ Proof of Residence □ Proof of Income □ Birth Certificate
□ Other (please specify): Referral form/write-up on client, meds.

Payment (please check all that apply)
□ No Fee □ Fee of: □ Sliding fee scale from $_____ to $_____
□ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: LEXINGTON CENTER FOR RECOVERY, INC.
Service or Program Name: Eastern Dutchess Counseling Center
Street address where service is offered: 2 Reimer Avenue
Mailing Address (if different): POB 696
City/State/Zip: Dover Plains, New York 12522
Website: Mon/Thur 9 to 9 and Tues/Wed/Fri 9 to 5
Office Hours and Days: 5 Days a Week
Contact Person: Sharon Flanders
Name: Sharon Flanders
Title: Clinical Supervisor
Telephone: (845) 877-4100

Area Served (please check all that are served):
- [ ] Northeast
- [ ] Northwest
- [x] All of Dutchess County
- [ ] Greater Poughkeepsie
- [ ] Southeast
- [ ] Southwest (Beacon/Fishkill)
- [ ] Outside Dutchess County

Disability Access (please check all that apply)
- [x] Disabled Parking
- [x] Ramps
- [ ] Accessible Bathrooms
- [ ] Elevators
- [x] Wide Doors
- [ ] Other

Languages other than English spoken by service providers:
- [x] Spanish
- [ ] Other

Application Procedure (please check all that apply)
- [x] Telephone
- [x] Walk-in
- [ ] Appointment Required
- [x] Referral required (and from whom?) Dutchess County HELP Line

Documents Required (please check all that apply)
- [ ] None
- [x] Proof of Residence
- [x] Proof of Income
- [ ] Birth Certificate
- [ ] Other (please specify):

Fees (please check all that apply)
- [x] No Fee
- [ ] Fee of: ______
- [x] Sliding fee scale from $0.00 to $85.00

Payment (please check all that apply)
- [x] Medicaid
- [ ] Medicare
- [x] Private Insurance
- [x] Credit Card
- [x] Personal Check
- [x] Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: LEXINGTON CENTER FOR RECOVERY, INC.

Service or Program Name: Millbrook Counseling Center

Street address where service is offered:
Mailing Address (if different): P.O. Box 519
City/State/Zip: Millbrook, New York 12545
Website: 

Office Hours and Days: Thursday 9 to 9 and Mon/Tue/Wed/Fri 9 to 5

Contact Person:
Name: Sharon Flanders
Title: Clinical Supervisor
Telephone: (845) 677-4050

Area Served (please check all that are served):
Parts of Dutchess County: x Northeast □ Northwest □ All of Dutchess County
□ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)
☒ Disabled Parking ☒ Ramps □ Accessible Bathrooms
□ Elevators ☒ Wide Doors □ Other

Languages other than English spoken by service providers:
☒ Spanish □ Other

Application Procedure (please check all that apply)
☒ Telephone ☒ Walk-in □ Appointment Required
☒ Referral required (and from whom?) Dutchess County HELP Line

Documents Required (please check all that apply)
□ None ☒ Proof of Residence ☒ Proof of Income □ Birth Certificate
□ Other (please specify):

Payment (please check all that apply)
□ No Fee □ Fee of: _____ ☒ Sliding fee scale from $0.00 to $85.00
☒ Medicaid □ Medicare ☒ Private Insurance ☒ Credit Card ☒ Personal Check ☒ Cash

Note(s):
Agency Name: LEXINGTON CENTER FOR RECOVERY, INC.

Service or Program Name: Poughkeepsie Counseling Center
Street address where service is offered: 20 Manchester Road
Mailing Address (if different): Poughkeepsie, New York 12603
Website: Tues/Fri 9 to 5 and Mon/Wed/Thurs 9 to 8:30 p.m.
Office Hours and Days: 5 Days a Week

Contact Person:
Name: Ira Wolfe
Title: Associate Director
Telephone: (845) 486-2950

Area Served (please check all that are served):
- □ Northeaster
- □ Northwest
- X All of Dutchess County
- □ Greater Poughkeepsie
- □ Southeast
- □ Southwest (Beacon/Fishkill)
- □ Outside Dutchess County

Disability Access (please check all that apply)
- ☑ Disabled Parking
- ☑ Ramps
- □ Accessible Bathrooms
- □ Elevators
- ☑ Wide Doors
- □ Other

Languages other than English spoken by service providers:
- ☑ Spanish
- □ Other

Application Procedure (please check all that apply)
- ☑ Telephone
- ☑ Walk-in
- □ Appointment Required
- ☑ Referral required (and from whom?) Dutchess County HELP Line

Documents Required (please check all that apply)
- □ None
- ☑ Proof of Residence
- ☑ Proof of Income
- □ Birth Certificate
- □ Other (please specify):

Payment (please check all that apply)
- □ No Fee
- □ Fee of: ______
- □ Sliding fee scale from $ 0.00 to $85.00
- ☑ Medicaid
- □ Medicare
- ☑ Private Insurance
- ☑ Credit Card
- ☑ Personal Check
- ☑ Cash

Note(s):
Agency Name: LEXINGTON CENTER FOR RECOVERY, INC.

Service or Program Name: Rhinebeck Counseling Center

Street address where service is offered: 6529 Springbrook Avenue

Mailing Address (if different): Rhinebeck, New York 12572

Website: Tues. 9 to 9 and Mon/Wed/Thurs/Fri 9 to 5

Office Hours and Days: 5 Days a Week

Contact Person:
Name: Sharon Flanders
Title: Clinical Supervisor
Telephone: (845) 876-2006

Area Served (please check all that are served):

Parts of Dutchess County: ☐ Northeast ☐ Northwest X All of Dutchess County
☐ Greater Poughkeepsie ☐ Southeast ☐ Southwest (Beacon/Fishkill) ☐ Outside Dutchess County

Disability Access (please check all that apply)
☒ Disabled Parking ☒ Ramps ☐ Accessible Bathrooms
☐ Elevators ☒ Wide Doors ☐ Other

Languages other than English spoken by service providers:
☒ Spanish ☐ Other

Application Procedure (please check all that apply)
☒ Telephone ☒ Walk-in ☐ Appointment Required
☒ Referral required (and from whom?) Dutchess County HELP Line

Documents Required (please check all that apply)
☐ None ☒ Proof of Residence ☒ Proof of Income ☐ Birth Certificate
☐ Other (please specify):

Payment (please check all that apply)
☐ No Fee ☐ Fee of: _____ ☒ Sliding fee scale from $0.00 to $85.00
☒ Medicaid ☐ Medicare ☒ Private Insurance ☒ Credit Card ☒ Personal Check ☒ Cash

Note(s):
Agency Name: MARANATHA INC.
Service or Program Name: Maranatha Human Services
Street address where service is offered: 55 Academy Street – Floor 2
Mailing Address (if different): Poughkeepsie, New York 12601
Website:
Office Hours and Days: M-F – 9 to 5
Contact Person:
Name: Quantica Bennett
Title: Family Care Coordinator
Telephone: (845) 452-1424 X23
E-mail: qbennett@maranathahs.org

Area Served (please check all that are served):
- Parts of Dutchess County:
  - Northeast
  - Northwest
  - All of Dutchess County
  - Greater Poughkeepsie
  - Southeast
  - Southwest (Beacon/Fishkill)
  - Outside Dutchess County

Disability Access (please check all that apply)
- Disabled Parking
- Ramps
- Accessible Bathrooms
- Elevators
- Wide Doors
- Other

Languages other than English spoken by service providers:
- Spanish
- Other

Application Procedure (please check all that apply)
- Telephone
- Walk-in
- Appointment Required
- Referral required (and from whom?)

Documents Required (please check all that apply)
- None
- Proof of Residence
- Proof of Income
- Birth Certificate
- Other (please specify): Photo ID

Payment (please check all that apply)
- No Fee
- Fee of: ______
- Sliding fee scale from $______ to $______
- Medicaid
- Medicare
- Private Insurance
- Credit Card
- Personal Check
- Cash

Note(s):
Agency Name: MEDIATION CENTER OF DUTCHESS COUNTY, INC.
Service or Program Name: Community Mediation Program
Street address where service is offered: 29 N. Hamilton Street, Suite L-18
Mailing Address (if different): Poughkeepsie, New York 12601
Website: www.dutchessmediation.org
Office Hours and Days: M-F 9 to 5 – Mediation available evenings
Contact Person:
Name: Emma Kreyche
Title: Community Program Manager
Telephone: (845) 471-7213
E-mail: ekreyche@dutchessmediation.org

Area Served (please check all that are served):
Parts of Dutchess County:
- ☑ Northeast
- ☑ Northwest
- ☑ All of Dutchess County
- ☑ Greater Poughkeepsie
- ☑ Southeast
- ☑ Southwest (Beacon/Fishkill)
- ☑ Outside Dutchess County

Disability Access (please check all that apply)
- ☑ Disabled Parking
- ☑ Ramps
- ☑ Accessible Bathrooms
- ☑ Elevators
- ☑ Wide Doors
- ☐ Other

Languages other than English spoken by service providers:
- ☑ Spanish
- ☑ Other (Interpreters available for other languages)

Application Procedure (please check all that apply)
- ☑ Telephone
- ☑ Walk-in
- ☑ Appointment Required for Mediation Sessions
- ☐ Referral required (and from whom?)

Documents Required (please check all that apply)
- ☑ None
- ☑ Proof of Residence
- ☑ Proof of Income
- ☑ Birth Certificate
- ☑ Other (please specify):

Payment (please check all that apply)
- ☑ No Fee
- ☑ Fee of: ______
- ☑ Sliding fee scale from $_____ to $_____
- ☑ Medicaid
- ☑ Medicare
- ☑ Private Insurance
- ☑ Credit Card
- ☑ Personal Check
- ☑ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: MHA IN DUTCHESS COUNTY, INC.
Service or Program Name: Case Management Program
Street address where service is offered: 253 Mansion Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website:
Office Hours and Days: M-F 9 to 5
Contact Person:
   Name: Andrew O’Grady
   Title: Director  Telephone: (845) 452-1799 X3039
   E-mail: aogrdy@mhadc.com

Area Served (please check all that are served):
Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
□ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)
☐ Disabled Parking ☒ Ramps ☒ Accessible Bathrooms
☐ Elevators ☐ Wide Doors ☐ Other

Languages other than English spoken by service providers:
☐ Spanish ☐ Other - French

Application Procedure (please check all that apply)
☐ Telephone ☐ Walk-in ☐ Appointment Required
☐ Referral required (and from whom?) Clinical Provider

Documents Required (please check all that apply)
☐ None ☐ Proof of Residence ☐ Proof of Income ☐ Birth Certificate
☐ Other (please specify):

Payment (please check all that apply)
☐ No Fee ☐ Fee of: ______ ☐ Sliding fee scale from $_____ to $_____
☐ Medicaid ☐ Medicare ☐ Private Insurance ☐ Credit Card ☐ Personal Check ☐ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: MHA IN DUTCHESS COUNTY, INC.
Service or Program Name: Mel’s Place Living Room
Street address where service is offered: 28 N. Hamilton Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website: www.mhadc.com
Office Hours and Days: M-F 7:30 a.m. to 7:30 p.m. – Sat. & Sun. 7:30 a.m. to 5:00 p.m.
Contact Person:
Name: Mel Garrett
Title: Director
Telephone: (845) 471-9329
E-mail: mgarrett@mhadc.com

Area Served (please check all that are served):
Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
□ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)
□ Disabled Parking □ Ramps □ Accessible Bathrooms
□ Elevators □ Wide Doors □ Other

Languages other than English spoken by service providers:
□ Spanish □ Other

Application Procedure (please check all that apply)
□ Telephone □ Walk-in □ Appointment Required
□ Referral required (and from whom?)

Documents Required (please check all that apply)
□ None □ Proof of Residence □ Proof of Income □ Birth Certificate
□ Other (please specify):

Payment (please check all that apply) N/A
□ No Fee □ Fee of: ______ □ Sliding fee scale from $______ to $______
□ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s): This is a daytime shelter and must be vacated at closing time.
DATA ENTRY FORM FOR THE DUTCHESS COUNTY 
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: MHA IN DUTCHESS COUNTY, INC.
Service or Program Name: Support and Advocacy Services
Street address where service is offered: 253 Mansion Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website: mhadc.com
Office Hours and Days: M-F 9 to 5 (some evenings & weekends)
Contact Person:
Name: Lydia Edelhaus
Title: Director, Supt. & Adv. Services Telephone: (845) 473-2500 X342
E-mail: ledelhaus@mhadc.com

Area Served (please check all that are served):
Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
□ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)
□ Disabled Parking □ Ramps □ Accessible Bathrooms
□ Elevators □ Wide Doors □ Other

Languages other than English spoken by service providers:
□ Spanish □ Other

Application Procedure (please check all that apply)
□ Telephone □ Walk-in □ Appointment Required
□ Referral required (and from whom?) Any and All

Documents Required (please check all that apply)
□ None □ Proof of Residence □ Proof of Income □ Birth Certificate
□ Other (please specify):

Payment (please check all that apply)
□ No Fee □ Fee of: ______ □ Sliding fee scale from $_____ to $_____
□ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s):
Agency Name: MID-HUDSON ADDICTION RECOVERY CENTER, INC.

Service or Program Name: Bolger House

Street address where service is offered: 230 Church Street

Mailing Address (if different): Poughkeepsie, New York 12601

Website: 

Office Hours and Days: M-F 9 to 5

Contact Person: Andrea Tkazyik

Name: Andrea Tkazyik
Title: Program Director
Telephone: (845) 452-9168

E-mail: 

Area Served (please check all that are served):

Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
□ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)
□ Disabled Parking □ Ramps □ Accessible Bathrooms
□ Elevators □ Wide Doors □ Other

Languages other than English spoken by service providers:
□ Spanish □ Other

Application Procedure (please check all that apply)
□ Telephone □ Walk-in □ Appointment Required
□ Referral required (and from whom?) CD Treatment Provider

Documents Required (please check all that apply)
□ None □ Proof of Residence □ Proof of Income □ Birth Certificate
□ Other (please specify):

Payment (please check all that apply)
□ No Fee □ Fee of: _____ □ Sliding fee scale from $_____ to $_____
□ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s): SSI/DSS/Public Assistance
DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: MID-HUDSON ADDICTION RECOVERY CENTER, INC.
Service or Program Name: Chemical Dependency Crisis Center
Street address where service is offered: 51 Cannon Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website:
Office Hours and Days: 24 Hours a Day – 7 Days a Week
Contact Person:
   Name: Sue Tallardy
   Title: Program Director
   Telephone: (845) 471-0310
E-mail:

Area Served (please check all that are served):
Parts of Dutchess County: ☑ Northeast ☐ Northwest ☑ All of Dutchess County
☐ Greater Poughkeepsie ☐ Southeast ☐ Southwest (Beacon/Fishkill) ☑ Outside Dutchess County

Disability Access (please check all that apply)
☐ Disabled Parking ☑ Ramps ☑ Accessible Bathrooms
☑ Elevators ☑ Wide Doors ☐ Other

Languages other than English spoken by service providers:
☐ Spanish ☐ Other

Application Procedure (please check all that apply)
☑ Telephone ☑ Walk-in ☑ Appointment Required
☐ Referral required (and from whom?)

Documents Required (please check all that apply)
☑ None ☑ Proof of Residence ☑ Proof of Income ☐ Birth Certificate
☑ Other (please specify):

Payment (please check all that apply)
☑ No Fee ☐ Fee of: ______ ☐ Sliding fee scale from $_____ to $______
☐ Medicaid ☐ Medicare ☑ Private Insurance ☑ Credit Card ☑ Personal Check ☑ Cash

Note(s): SSI/DSS/Public Assistance
Agency Name: MID-HUDSON ADDICTION RECOVERY CENTER, INC.
Service or Program Name: Dowling House
Street address where service is offered: 2103 New Hackensack Road
Mailing Address (if different): Poughkeepsie, New York 12603
City/State/Zip: Poughkeepsie, New York 12603
Website:
Office Hours and Days: M-F 9 to 5
Contact Person:
Name: Sheila Baker
Title: Program Director
Telephone: (845) 454-4661
E-mail:

Area Served (please check all that are served):
Parts of Dutchess County: ☑ Northeast ☑ Northwest ☑ All of Dutchess County
☐ Greater Poughkeepsie ☑ Southeast ☑ Southwest (Beacon/Fishkill) ☑ Outside Dutchess County

Disability Access (please check all that apply)
☑ Disabled Parking ☑ Ramps ☑ Accessible Bathrooms
☑ Elevators ☑ Wide Doors ☑ Other

Languages other than English spoken by service providers:
☐ Spanish ☑ Other

Application Procedure (please check all that apply)
☐ Telephone ☑ Walk-in ☑ Appointment Required
☑ Referral required (and from whom?) CD Treatment Provider

Documents Required (please check all that apply)
☐ None ☑ Proof of Residence ☑ Proof of Income ☑ Birth Certificate
☐ Other (please specify): Medical Evaluation/Lab Tests

Payment (please check all that apply)
☑ No Fee ☑ Fee of: ______ ☑ Sliding fee scale from $_____ to $_____
☐ Medicaid ☑ Medicare ☑ Private Insurance ☑ Credit Card ☑ Personal Check ☑ Cash

Note(s): SSI/DSS/Public Assistance
DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: MID-HUDSON ADDICTION RECOVERY CENTER, INC.

Service or Program Name: Florence Manor
Street address where service is offered: 52 Route 9

Mailing Address (if different): Fishkill, New York 12524

Website:

Office Hours and Days: M-F 9 to 5

Contact Person:
Name: Karen Laffler
Title: Program Director
Telephone: (845) 896-5450

Area Served (please check all that are served):
Parts of Dutchess County: ☐ Northeast ☐ Northwest ☑ All of Dutchess County
☐ Greater Poughkeepsie ☐ Southeast ☐ Southwest (Beacon/Fishkill) ☐ Outside Dutchess County

Disability Access (please check all that apply)
☑ Disabled Parking ☐ Ramps ☑ Accessible Bathrooms
☐ Elevators ☐ Wide Doors ☐ Other

Languages other than English spoken by service providers:
☐ Spanish ☐ Other

Application Procedure (please check all that apply)
☐ Telephone ☐ Walk-in ☑ Appointment Required
☑ Referral required (and from whom?) CD Treatment Provider

Documents Required (please check all that apply)
☐ None ☑ Proof of Residence ☑ Proof of Income ☐ Birth Certificate
☒ Other (please specify): Medical Evaluation/Lab Tests

Payment (please check all that apply)
☑ No Fee ☐ Fee of: ______ ☐ Sliding fee scale from $_____ to $_____
☐ Medicaid ☐ Medicare ☑ Private Insurance ☑ Credit Card ☐ Personal Check ☐ Cash

Note(s): SSI/DSS/Public Assistance
Agency Name: MID-HUDSON ADDICTION RECOVERY CENTER, INC.

Service or Program Name: Sober Supported Apartments

Street address where service is offered: 51 Cannon Street

Mailing Address (if different): Poughkeepsie, New York 12601

Website:

Office Hours and Days: M-F 9 to 5

Contact Person:
Name: Sue Tallardy
Title: Program Director
Telephone: (845) 471-0210
E-mail:

Area Served (please check all that are served):
Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
□ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)
☒ Disabled Parking □ Elevators
□ Ramps □ Wide Doors □ Other

Languages other than English spoken by service providers:
□ Spanish □ Other

Application Procedure (please check all that apply)
□ Telephone □ Walk-in □ Appointment Required
☒ Referral required (and from whom?) CD Treatment Provider

Documents Required (please check all that apply)
□ None □ Proof of Residence □ Proof of Income □ Birth Certificate
☒ Other (please specify): Medical Evaluation

Payment (please check all that apply)
☒ No Fee □ Fee of: _____ □ Sliding fee scale from $_____ to $______
□ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s): SSI/DSS/Public Assistance
DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: MONTROSE VETERAN’S AFFAIRS

Service or Program Name: Poughkeepsie Community Clinics

Street address where service is offered: 488 Freedom Plains Road – Suite 120

Mailing Address (if different): Poughkeepsie, New York 12603

Website: www.myhealth.va.gov

Office Hours and Days: M-F 8:00-4:00

Contact Person:

Name:

Title: Telephone: (845) 452-5151

E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
□ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)

☒ Disabled Parking ☐ Ramps ☐ Accessible Bathrooms
□ Elevators ☐ Wide Doors □ Other

Languages other than English spoken by service providers:

☐ Spanish ☐ Other

Application Procedure (please check all that apply)

☐ Telephone ☒ Walk-in ☐ Appointment Required
□ Referral required (and from whom?)

Documents Required (please check all that apply)

□ None □ Proof of Residence □ Proof of Income □ Birth Certificate
☒ Other (please specify): Discharge Paperwork

Payment (please check all that apply)

☒ No Fee □ Fee of: _____ □ Sliding fee scale from $_____ to $_____
□ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s):
Agency Name: MULTI-COUNTY COMMUNITY DEVELOPMENT CORPORATION

Service or Program Name: Many (Call for details)
Street address where service is offered: Twin Maples Plaza – Suite #5
Mailing Address (if different):
City/State/Zip: Saugerties, New York 12477
Website:
Office Hours and Days: M–F - 8:30 – 5:00
Contact Person:
Name: Margaret Bryant
Title: Office Manager
Telephone: (845) 247-9110 X100
E-mail: mbryant@multicounty.org

Area Served (please check all that are served):
Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
□ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)
□ Disabled Parking □ Ramps □ Accessible Bathrooms
□ Elevators □ Wide Doors □ Other

Languages other than English spoken by service providers:
□ Spanish □ Other

Application Procedure (please check all that apply)
□ Telephone □ Walk-in □ Appointment Required
□ Referral required (and from whom?) OASIS, SPOE (MHA)

Documents Required (please check all that apply)
□ None □ Proof of Residence □ Proof of Income □ Birth Certificate
□ Other (please specify): Psych/Social Evaluation (if appropriate)

Payment (please check all that apply)
□ No Fee □ Fee of: ______ □ Sliding fee scale from $_____ to $______
□ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: NEW HORIZONS RESOURCES INC.
Service or Program Name: Many (See Website)
Street address where service is offered: 21 Van Wagner Road
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12603
Website: www.nhrny.org
Office Hours and Days: M-F 8:30-5:00
Contact Person:
  Name: Regis Obijiski
  Title: Executive Director
  Telephone: (845) 473-3000
  E-mail: robijiski@nhrny.org

Area Served (please check all that are served):
  □ Northeast □ Northwest □ All of Dutchess County
  □ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Ulster & Putnam

Disability Access (please check all that apply)
  ☒ Disabled Parking □ Ramps □ Accessible Bathrooms
  □ Elevators □ Wide Doors □ Other

Languages other than English spoken by service providers:
  ☒ Spanish □ Other (Sign Language)

Application Procedure (please check all that apply)
  ☒ Telephone □ Walk-in □ Appointment Required
  □ Referral required (and from whom?)

Documents Required (please check all that apply)
  □ None □ Proof of Residence □ Proof of Income □ Birth Certificate
  □ Other (please specify): Proof of OMRDD Status

Payment (please check all that apply)
  ☒ No Fee □ Fee of: ______ □ Sliding fee scale from $______ to $______
  □ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s):
Agency Name: NEW YORK STATE DIVISION OF PAROLE

Service or Program Name: Parole Supervision – Poughkeepsie

Street address where service is offered: 20 Manchester Road

Mailing Address (if different): Poughkeepsie, New York 12603

Website: www.parole.state.ny.us

Office Hours and Days: M-F 8:30 – 4:30

Contact Person:
Name: Fred Flood
Title: Bureau Chief
Telephone: (845) 452-0620
E-mail: fflood@parole.state.ny.us

Area Served (please check all that are served):
Parts of Dutchess County: [ ] Northeast [ ] Northwest [x] All of Dutchess County
[ ] Greater Poughkeepsie [ ] Southeast [x] Sullivan County [x] Ulster County

Disability Access (please check all that apply)
[ ] Disabled Parking [x] Ramps [x] Accessible Bathrooms
[ ] Elevators [ ] Wide Doors [ ] Other

Languages other than English spoken by service providers:
[ ] Spanish [ ] Other

Application Procedure (please check all that apply)
[ ] Telephone [ ] Walk-in [ ] Appointment Required
[x] Parolees from NYS Prisons

Documents Required (please check all that apply)
[ ] None [ ] Proof of Residence [ ] Proof of Income [ ] Birth Certificate
[x] Other (please specify): Certificate of Release to Parole Supervision.

Payment (please check all that apply)
[x] No Fee (Supervision Fee Requirement for Parolees ($30/$15/$5)
[ ] Medicaid [ ] Medicare [ ] Private Insurance [x] Money Order [x] Personal Check [ ] Cash

Note(s):
Agency Name: NORTHERN DUTCHESS HOSPITAL
Service or Program Name: Medical Services
Street address where service is offered: 6511 Springbrook Avenue
Mailing Address (if different): POB 5002
City/State/Zip: Rhinebeck, New York 12572
Website: www.northerndutchesshospital.com
Office Hours and Days: 24-7
Contact Person:
  Name: 
  Title: 
  Telephone: (845) 876-3001
  E-mail: 

Area Served (please check all that are served):
- Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County □ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)
- Disabled Parking □ Ramp □ Accessible Bathrooms □ Elevators □ Wide Doors □ Other

Languages other than English spoken by service providers:
- Spanish □ Other

Application Procedure (please check all that apply)
- Telephone □ Walk-in □ Appointment Required □ Referral required (and from whom?)

Documents Required (please check all that apply)
- None □ Proof of Residence □ Proof of Income □ Birth Certificate □ Other (please specify):

Payment (please check all that apply)
- No Fee □ Fee of: ______ □ Sliding fee scale from $______ to $______ □ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s):
Agency Name: PLANNED PARENTHOOD – MID-HUDSON VALLEY

Service or Program Name: Many (See Website)
Street address where service is offered: 17 Noxon Street
Mailing Address (if different): 178 Church Street
City/State/Zip: Poughkeepsie, New York 12601
Website: ppmhv.org
Office Hours and Days: Week Days and Evenings

Contact Person:
Name: Mimi Tannen
Title: Site Manager
Telephone: (845) 471-1540
E-mail: mimi.tannen@ppfa.org

Area Served (please check all that are served):
Parts of Dutchess County: ☑ Northeast ☑ Northwest ☑ All of Dutchess County
☑ Greater Poughkeepsie ☑ Southeast ☑ Southwest (Beacon/Fishkill) ☑ Outside Dutchess County

Disability Access (please check all that apply)
☑ Disabled Parking ☑ Ramps ☑ Accessible Bathrooms
☑ Elevators ☑ Wide Doors ☑ Other

Languages other than English spoken by service providers:
☑ Spanish ☑ Other

Application Procedure (please check all that apply)
☑ Telephone ☑ Walk-in ☑ Appointment Required
☑ Referral required (and from whom?)

Documents Required (please check all that apply)
☑ None ☑ Proof of Residence ☑ Proof of Income ☑ Birth Certificate
☑ Other (please specify):

Payment (please check all that apply)
☑ No Fee ☑ Fee of: ______ ☑ Sliding fee scale from $20.00 to $80.00
☑ Medicaid ☑ Medicare ☑ Private Insurance ☑ Credit Card ☑ Personal Check ☑ Cash

Note(s):
Agency Name: PROJECT MORE
Service or Program Name: Transitional Housing /ATI
Street address where service is offered:
Mailing Address (if different): PO BOX 190
City/State/Zip: Poughkeepsie, New York 12602
Website: 
Office Hours and Days: 24 hours/day – 7 days/week
Contact Person:
Name: Steve Murrell
Title: House Director
Telephone: (845) 452-0148
E-mail: 

Area Served (please check all that are served):
- Parts of Dutchess County: [ ] Northeast [ ] Northwest [x] All of Dutchess County
- [ ] Greater Poughkeepsie [ ] Southeast [ ] Southwest (Beacon/Fishkill) [ ] Outside Dutchess County

Disability Access (please check all that apply)
- [ ] Disabled Parking [ ] Ramps [ ] Accessible Bathrooms
- [ ] Elevators [x] Wide Doors [ ] Other

Languages other than English spoken by service providers: (None).
- [ ] Spanish [ ] Other

Application Procedure (please check all that apply)
- [ ] Telephone [ ] Walk-in [ ] Appointment Required
- [x] Referral required (and from whom?) (Probation – Court Mandate required).

Documents Required (please check all that apply)
- [ ] None [ ] Proof of Residence [ ] Proof of Income [ ] Birth Certificate
- [x] Other (please specify): (Court-ordered Documents).

Payment (please check all that apply)
- [x] No Fee [ ] Fee of: ______ [ ] Sliding fee scale from $______ to $______
- [ ] Medicaid [ ] Medicare [ ] Private Insurance [ ] Credit Card [ ] Personal Check [ ] Cash

Note(s):
Agency Name: REHABILITATION PROGRAMS, INC.
Service or Program Name: Social Work Department/Case Management Program
Street address where service is offered: 70 Overocker Road
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12603
Website: www.rehabprograms.org
Office Hours and Days: M-F 8:15 a.m. to 4:00 p.m.

Contact Person:
Name: Linda Curtis, LMSW
Title: Assistant Director of Social Work
Telephone: (845) 485-9803 X240
E-mail: lindacurtis@rehabprograms.org

Area Served (please check all that are served):
Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
□ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)
□ Disabled Parking □ Ramps □ Accessible Bathrooms
□ Elevators □ Wide Doors □ Other

Languages other than English spoken by service providers:
□ Spanish □ Other

Application Procedure (please check all that apply)
□ Telephone □ Walk-in □ Appointment Required
□ Referral required (and from whom?)

Documents Required (please check all that apply)
□ None □ Proof of Residence □ Proof of Income □ Birth Certificate
□ Other (please specify): Proof of Developmental Disability

Payment (please check all that apply)
□ No Fee □ Fee of: _____ □ Sliding fee scale from $_____ to $_____
(Fees Vary)
□ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s):
Agency Name: RICHARD C. WARD ADDICTION TREATMENT CENTER

Service or Program Name: Many (Call for Details)

Street address where service is offered: 117 Seward Avenue, Suite 12/16, Building 92

Mailing Address (if different):
City/State/Zip: Middletown, New York 10940

Website:

Office Hours and Days: M-F 8:00 – 4:30 p.m. for Admissions

Contact Person:
Name: M. Johnson
Title: Assistant Director
Telephone: (845) 341-2504
E-mail: maryjohnson@oasns.styate.ny.us

Area Served (please check all that are served):

- Parts of Dutchess County: □ Northeast  □ Northwest  □ All of Dutchess County
- □ Greater Poughkeepsie  □ Southeast  □ Southwest (Beacon/Fishkill)  □ Outside Dutchess County

Disability Access (please check all that apply)
- ☑ Disabled Parking  ☑ Ramps  ☑ Accessible Bathrooms
- ☑ Elevators  ☑ Wide Doors  ☑ Other (Brail Sign on Office Doors)

Languages other than English spoken by service providers:
- ☑ Spanish  □ Other

Application Procedure (please check all that apply)
- □ Telephone  □ Walk-in  ☑ Appointment Required
- ☑ Referral required (and from whom?) (Licensed Chemical Dependency Clinics, Courts, Probation, Parole, Hospitals, Social Service Agencies)

Documents Required (please check all that apply)
- □ None  ☑ Proof of Residence  ☑ Proof of Income  ☑ Birth Certificate
- ☑ Other (please specify): (Social Security Number)

Payment (please check all that apply)
- ☑ No Fee  □ Fee of: ______  □ Sliding fee scale from $_____ to $______
- ☑ Medicaid  □ Medicare  ☑ Private Insurance  ☑ Credit Card  ☑ Personal Check  ☑ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: ST. JOSEPH’S REHAB CENTER, INC.

Service or Program Name: Joseph’s House
Street address where service is offered: 7 Fallkill Place

Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601

Website:
Office Hours and Days: 24 Hours Daily

Contact Person:
Name: Lou Gagliano, CASAC
Title: Program Manager
E-mail: tonie129@aol.com

Telephone: (845) 483-7051 – Fax: 483-7052

Area Served (please check all that are served):
Parts of Dutchess County: ☑ Northeast ☑ Northwest ☑ All of Dutchess County
☐ Greater Poughkeepsie ☑ Southeast ☑ Southwest (Beacon/Fishkill) ☑ Outside Dutchess County

Disability Access (please check all that apply)
☒ Disabled Parking ☑ Ramps ☑ Accessible Bathrooms
☐ Elevators ☑ Wide Doors ☑ Other

Languages other than English spoken by service providers:
☒ Spanish ☑ Other

Application Procedure (please check all that apply)
☒ Telephone ☑ Walk-in ☑ Appointment Required
☒ Referral required (and from whom?) OASAS Licensed Programs

Documents Required (please check all that apply)
☐ None ☑ Proof of Residence ☑ Proof of Income ☑ Birth Certificate
☐ Other (please specify): Psych – Axis I – Axis II

Payment (please check all that apply)
☐ No Fee ☑ Fee of: $854.00 ☑ Sliding fee scale from $_____ to $_____

Note: CC Level II
☒ Medicaid ☑ Medicare ☑ Private Insurance ☑ Credit Card ☑ Personal Check ☑ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: TACONIC DEVELOPMENTAL DISABILITIES SERVICE ORGANIZATION

Service or Program Name: Medicaid Service Coordination

Street address where service is offered: 38 Firemen’s Way

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12603

Website: OMRDD

Office Hours and Days: 8:00 a.m. – 4:30 p.m.

Contact Person:
Name: Karen A. Coleman
Title: TTL
Telephone: (845) 471-9226 X140
E-mail: karen.coleman@omr.state.ny.us

Area Served (please check all that are served):
Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
□ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)
☒ Disabled Parking □ Ramps □ Accessible Bathrooms
□ Elevators □ Wide Doors □ Other

Languages other than English spoken by service providers:
□ Spanish □ Other

Application Procedure (please check all that apply)
☒ Telephone □ Walk-in □ Appointment Required
□ Referral required (and from whom?)

Documents Required (please check all that apply)
□ None □ Proof of Residence □ Proof of Income □ Birth Certificate
☒ Other (please specify): Eligibility for OMRDD Services

Payment (please check all that apply)
☒ No Fee □ Fee of: ______ □ Sliding fee scale from $_____ to $_____
☒ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: TACONIC RESOURCES FOR INDEPENDENCE, INC.

Service or Program Name: Many (See Website)
Street address where service is offered: 82 Washington Street

Mailing Address (if different): Poughkeepsie, New York 12601
Website: www.taconicresources.net
Office Hours and Days: M-F 9 to 5

Contact Person:
Name: Cynthia L. Fiore
Title: Executive Director
Telephone: (845) 452-3913
E-mail: c.fiore@taconicresources.net

Area Served (please check all that are served):
Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
□ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)
☒ Disabled Parking □ Ramps ☒ Accessible Bathrooms
☒ Elevators ☒ Wide Doors □ Other

Languages other than English spoken by service providers:
□ Spanish □ Other

Application Procedure (please check all that apply)
☒ Telephone ☒ Walk-in □ Appointment Required
□ Referral required (and from whom?) (Home Visit if needed)

Documents Required (please check all that apply)
☒ None □ Proof of Residence □ Proof of Income □ Birth Certificate
□ Other (please specify):

Payment (please check all that apply)
☒ No Fee □ Fee of: ______ □ Sliding fee scale from $_____ to $_____
□ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s): This agency provides interpreters for the deaf through Mid Hudson Interpreter Services. There is a fee.
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>TACONIC RESOURCES FOR INDEPENDENCE INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service or Program Name:</td>
<td>Mid-Hudson Interpreter Service (MHIS)</td>
</tr>
<tr>
<td>Street address where service is offered:</td>
<td>82 Washington Street, Suite 214</td>
</tr>
<tr>
<td>Mailing Address (if different):</td>
<td>Poughkeepsie, New York 12601</td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td>Poughkeepsie, New York 12601</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.taconicresources.net/mhis">www.taconicresources.net/mhis</a></td>
</tr>
<tr>
<td>Office Hours and Days:</td>
<td>M – F (9:00 – 5:00)</td>
</tr>
<tr>
<td>Contact Person:</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>Diane Barkstrom</td>
</tr>
<tr>
<td>Title:</td>
<td>Program Director</td>
</tr>
<tr>
<td>Telephone:</td>
<td>(845) 452-3913</td>
</tr>
<tr>
<td>E-mail:</td>
<td><a href="mailto:d.barkstrom@taconicresources.net">d.barkstrom@taconicresources.net</a></td>
</tr>
</tbody>
</table>

Area Served (please check all that are served):

- Parts of Dutchess County:  
  - □ Northeast  
  - □ Northwest  
  - ☑ All of Dutchess County  
  - □ Greater Poughkeepsie  
  - □ Southeast  
  - □ Southwest (Beacon/Fishkill)  
  - □ Outside Dutchess County  

Disability Access (please check all that apply)

- □ Disabled Parking  
- □ Ramps  
- □ Accessible Bathrooms  
- □ Elevators  
- □ Wide Doors  
- ☑ Other  Deaf/Hard of Hearing Services  
  - Interpreting (American Sign Language)  

Languages other than English spoken by service providers:

- □ Spanish  
- ☑ Other  (American Sign Language)  

Application Procedure (please check all that apply)

- ☑ Telephone  
- ☑ Walk-in  
- ☑ Appointment Required  
- □ Referral required (and from whom?)  

Documents Required (please check all that apply)

- ☑ None  
- □ Proof of Residence  
- □ Proof of Income  
- □ Birth Certificate  
- □ Other (please specify):  

Payment (please check all that apply)

- □ No Fee  
- ☑ Fee of: $45-$80  
- □ Sliding fee scale from $______ to $______  
- □ Medicaid  
- □ Medicare  
- □ Private Insurance  
- □ Credit Card  
- ☑ Personal Check  
- ☑ Cash  

Note(s): (Electronic Funds Transfer)
Agency Name: V.A. HUDSON VALLEY HEALTHCARE SYSTEM
Service or Program Name: Domiciliary Care for Homeless Veterans
Street address where service is offered: 2094 Albany Post Road, Route 9A
Mailing Address (if different): POB 300
City/State/Zip: Montrose, New York 10522
Website: http://vaww.hudson-valley.med.va.gov
Office Hours and Days: M-F 8:00 to 4:30 p.m.

Contact Person:
Name: Peter G. Medonis, Jr.
Title: Acting Program Manager
Telephone: (914) 737-4400 X3808
E-mail: pete.medonis@med.va.gov

Area Served (please check all that are served):
Parts of Dutchess County: □ Northeast □ Northwest □ All of Dutchess County
□ Greater Poughkeepsie □ Southeast □ Southwest (Beacon/Fishkill) □ Outside Dutchess County

Disability Access (please check all that apply)
☒ Disabled Parking □ Ramps □ Accessible Bathrooms
☒ Elevators □ Wide Doors □ Other

Languages other than English spoken by service providers:
□ Spanish □ Other

Application Procedure (please check all that apply)
☒ Telephone □ Walk-in □ Appointment Required
☒ Referral required (and from whom?) Any agency to whom the client is known.

Documents Required (please check all that apply)
□ None □ Proof of Residence □ Proof of Income □ Birth Certificate
☒ Other (please specify): Military Discharge (DD219).

Payment (please check all that apply)
□ No Fee □ Fee of: ______ □ Sliding fee scale from $ 0 – depends on total Assets and Income.
□ Medicaid □ Medicare □ Private Insurance □ Credit Card □ Personal Check □ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: VASSAR BROTHERS MEDICAL CENTER
Service or Program Name: Healthcare Provider
Street address where service is offered: 45 Reade Place
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website: www.health-quest.org
Office Hours and Days: 7 Days a Week – 24 Hours a Day
Contact Person:
Name: May Mamiya
Title: Director, Case Management
Telephone: (845) 437-3115
E-mail: mmamiya@health-quest.org

Area Served (please check all that are served):
Parts of Dutchess County:  □ Northeast  □ Northwest  □ All of Dutchess County
□ Greater Poughkeepsie  □ Southeast  □ Southwest (Beacon/Fishkill)  □ Outside Dutchess County

Disability Access (please check all that apply)
□ Disabled Parking  □ Ramps  □ Accessible Bathrooms
□ Elevators  □ Wide Doors  □ Other

Languages other than English spoken by service providers:
□ Spanish  □ Other (Cyra Com Interpreter Telephones available, 187 languages)

Application Procedure (please check all that apply)
□ Telephone  □ Walk-in  □ Appointment Required (For clinics, etc.)
□ Referral required (and from whom?) (Physician)

Documents Required (please check all that apply)
□ None  □ Proof of Residence  □ Proof of Income  □ Birth Certificate
□ Other (please specify): (Insurance Cards helpful)

Payment (please check all that apply)
□ No Fee  □ Fee of: ______  □ Sliding fee scale from $______ to $______
Note: Fees vary depending on Services. Sliding fee possible if meet income eligibility criteria)
□ Medicaid  □ Medicare  □ Private Insurance  □ Credit Card  □ Personal Check  □ Cash

Note(s):
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

Agency Name: YOUNG MEN’S CHRISTIAN ASSOCIATION

Service or Program Name:

Street address where service is offered: 35 Montgomery Street

Mailing Address (if different):
Poughkeepsie, New York 12601

Website: DCYMCA.ORG

Office Hours and Days: 7 Days a week

Contact Person:
Name: Milo Bunyi
Title: Director
Telephone: (845) 471-9622

Area Served (please check all that are served):
☑ All of Dutchess County
穷人
☑ Northeast
☑ Northwest
☑ Greater Poughkeepsie
☑ Southeast
☑ Southwest (Beacon/Fishkill)
☑ Outside Dutchess County

Disability Access (please check all that apply)
☑ Disabled Parking
☑ Ramps
☑ Accessible Bathrooms
☑ Elevators
☑ Wide Doors
☑ Other

Languages other than English spoken by service providers:
☑ Spanish
☑ Other

Application Procedure (please check all that apply)
☑ Telephone
☑ Walk-in
☑ Appointment Required
☑ Referral required (and from whom?)

Documents Required (please check all that apply)
☑ None
☑ Proof of Residence
☑ Proof of Income
☑ Birth Certificate
☑ Other (please specify):

Payment (please check all that apply)
☑ No Fee
☑ Fee of: ______
☑ Sliding fee scale from $30.00
(Show that you cannot afford membership fees).
☑ Medicaid
☑ Medicare
☑ Private Insurance
☑ Credit Card
☑ Personal Check
☑ Cash

Note(s): If involved w/agency, work w/vouchers – Vassar Hosp. & SFH
DATA ENTRY FORM FOR THE DUTCHESS COUNTY CASE MANAGEMENT RESOURCE GUIDE/WEB SITE

TEMPLATE

Agency Name:
Service or Program Name:
Street address where service is offered:  TEMPLATE
Mailing Address (if different):
City/State/Zip:
Website:
Office Hours and Days:
Contact Person:
  Name:  Telephone:
  Title:  
  E-mail:  

Area Served (please check all that are served):
Parts of Dutchess County:  □ Northeast  □ Northwest  □ All of Dutchess County
  □ Greater Poughkeepsie  □ Southeast  □ Southwest (Beacon/Fishkill)  □ Outside Dutchess County

Disability Access (please check all that apply)
  □ Disabled Parking  □ Ramps  □ Accessible Bathrooms
  □ Elevators  □ Wide Doors  □ Other

Languages other than English spoken by service providers:
  □ Spanish  □ Other

Application Procedure (please check all that apply)
  □ Telephone  □ Walk-in  □ Appointment Required
  □ Referral required (and from whom?)

Documents Required (please check all that apply)
  □ None  □ Proof of Residence  □ Proof of Income  □ Birth Certificate
  □ Other (please specify):

Fees (please check all that apply)
  □ No Fee  □ Fee of: ______  □ Sliding fee scale from $______ to $______

Payment (please check all that apply)
  □ Medicaid  □ Medicare  □ Private Insurance  □ Credit Card  □ Personal Check  □ Cash

Note(s):