



Circle Around Families
Lake County Directory of
Sexual Health and Education
Resources

**Circle Around Families
Sexual Health and Education Resources
Directory of Lake County, Indiana**

Circle Around Families has compiled this directory to highlight the services available for youth and adolescents in Lake County, Indiana. This directory highlights the services of organizations which chose to respond to a letter sent to them earlier this year. This directory may exclude some providers, so we have enclosed several blank pages in the back to include those services. This directory was made with the desire to improve the delivery of services to youth and teenagers with regards to their sexual health and well-being. We wanted to make these resources readily accessible for any youth who may benefit from these resources. The funds available for this resource directory were provided by the Lake County Regional Service Council through the Child Abuse Prevention Grants for 2007. The funding was available to provide sex education to help prevent teenage pregnancy and communicable diseases as well as to heighten awareness of sex abuse.

Thank you.

CIRCLE AROUND FAMILIES

Public Assistance

When caring and providing for a child, it is often difficult for young mothers to balance school work, parenting, and finding a decent paying part-time job. Although applying for assistance with food, medical care, and other services should not be seen as an easy way out of hard work and focus; there are services available to help you until you can get on your feet.

What is Medicaid?

Assists low income families, people with disabilities, elderly, pregnant women, and those who cannot afford insurance.

What is Hoosier Healthwise?

Hoosier Healthwise is a program for children, pregnant women, and low income families. Health care is provided at little or no cost to Indiana families enrolled in the program. The enrolled member chooses a doctor to get regular checkups and health care for illnesses. Other health needs such as prescription, dental care, vision care, family planning services, and mental health services are also available as part of the Hoosier Healthwise program.

What is TANF/Cash Assistance?

Temporary Assistance for Needy Families (TANF) is a need based program that provides cash assistance towards basic family needs.

What are Food Stamps?

The Food Stamp program is designed to raise nutritional awareness and supplement a family's food-purchasing power. It enables low-income families to buy nutritious food through Electronic Benefits Transfer (EBT) cards.

What is IMPACT?

Indiana Manpower and Comprehensive Training help former welfare recipients find jobs.

Adoption

Community Resources Directory Information Form

Name of agency: Baptist Children's Home & Family Ministries Inc.

Address: 354 West Street

City, State, Zip: Valparaiso, Indiana 46383

Contact person: Henry Jensen, Jerry Grafton, Paul Rhodea

Telephone: (219) 462-4111 Fax: (219) 464-9540

Website: www.baptistchildrenshome.org

Primary focus: Counseling Services, Group Homes, Adoption, Home-studies, Foster Homes, Adoptive Placements, Foreign Child Care Homes.

Services provided:
Counseling services available for families and individuals

Special programs/groups:

Forms of payment: Private donations from individuals and churches. Fees charged for services.

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

We offer Christian counseling.

Community Resources Directory Information Form

Name of agency: Lutheran Social Services

Address: 1400 N. Broad St.

City, State, Zip: Griffith, Indiana 46319

Contact person: Mary Lee McFarland

Telephone: (219) 838-0996 Fax: (219) 838-0999

Website: www.lssin.org

Primary focus: Counseling toward informed decision-making.

Services provided:

Special programs/groups:

Forms of payment: No cost

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Clinics

Community Resources Directory Information Form

Name of agency: East Chicago Housing Authority

Address: 4920 Larkspur Ln.

City, State, Zip: East Chicago, Indiana 46312

Contact person: _____

Telephone: (219) 397-9974 Fax: (219) 397-4249

Website: _____

Primary focus: Housing Assistance

Services provided:

General Guidelines in applying for housing assistance: Have birth certificate and a state ID, provide proof of income (food stamps, AFDC included), be prepared to wait – it normally takes a year before getting into the housing authority, call ahead – each office has a separate time for applications.

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

In regards to the local housing authorities, East Chicago, Hammond, and Gary normally have a waiting period of one year before units open up. Periodically, Hammond and East Chicago are known to open applications for housing, but are usually announced quickly and quietly.

*Throughout Northwest Indiana, there are properties that hold a certain amount of apartments based on income. Although a large majority do not rent apartments to anyone under the age of 18, it is important to regularly call to find out if they have any subsidized or income based apartments available. Please note, most apartment complexes do not take township as a form of payment and you must have an income of at least \$18,000 a year, including food stamps, TANF, child support payments, and/or social security payments. Your local township office is the best source for a listing of apartments in your area.

Community Resources Directory Information Form

Name of agency: Gary Department of Health and Human Services

Address: 1145 W. 5th Ave.

City, State, Zip: Gary, Indiana 46402-1704

Contact person: _____

Telephone: (219) 882-5275 Fax: (219) 882-8213

Website: _____

Primary focus: _____

Services provided:

Free testing for syphilis, chlamydia, gonorrhea, and HIV, prenatal substance abuse prevention program, can obtain birth certificates

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Open Monday through Friday 8:30 am to 5pm; testing available until 3:30 pm.

Counseling/Therapy/ Support Services

Community Resources Directory Information Form

Name of agency: Brothers Uplifting Brothers

Address: 6111 Harrison Street Suite 220

City, State, Zip: Merrillville, Indiana 46410

Contact person: _____

Telephone: (219) 985-2008 Fax: (219) 985-2010

Website: www.bubnwi.org

Primary focus: The mission of Brothers Uplifting Brothers, Inc., is to provide HIV/AIDS and STD health education, programs and services to improve the quality of life within underserved communities. Brothers Uplifting Brothers serves men, women, youth and families in underserved communities with HIV/AIDS and STD health education programs and services.

Services provided:

Confidential and anonymous HIV testing, Street and Community Outreach, counseling, on-site HIV/AIDS education, supportive services for gay men of color.

Special programs/groups:

Brothers Living Positively (support group), Facing It Together, The Wisdom Project, Medically Speaking.

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

The BUB Safe Space Initiative reduces homelessness by providing safe and affordable housing for gay men and transgendered individuals living with and impacted by HIV/AIDS. **Safe Space** is the only program of its kind in Northwest Indiana. BUB assists clients with locating housing; long and short term rental assistance; case management services; transportation for housing and medical visits; and addressing other issues faced when attempting to secure and maintain safe and affordable housing. The **BUB Housing Information Program** is a housing advocacy program that targets consumers, service providers and housing planners and providers to educate and increase awareness on the barriers that people living with HIV and other chronic diseases must face when attempting to secure housing.

Community Resources Directory Information Form

Name of agency: Campagna Academy

Address: 7403 Cline Avenue

City, State, Zip: Schererville, Indiana 46375

Contact person: Dr. Vercena Stewart

Telephone: (219) 322-8614 Fax: _____

Website: www.campagnaacademy.org

Primary focus: We provide a full continuum of therapeutic treatment and educational services for youth ages 6 to 21 years and their families.

Services provided:

Individual, family, and couples therapy, Addiction assessment & substance abuse education, Passages, Divorce workshops for adults & children, domestic abuse & batterer's intervention, anger management, outpatient treatment, counseling center, charter school, home & community based treatment, aftercare, therapeutic foster care, independent living, day treatment, boys residential treatment cottages, semi-independent living, transitional living, intensive substance abuse, intensive supervision, girls residential treatment program.

Special programs/groups:

See attached

Forms of payment: Per diem, self pay, Medicaid

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

See attached

Community Resources Directory Information Form

Name of agency: Fair Haven Center for Women, Inc.

Address: 2645 Ridge Road

City, State, Zip: Highland, IN 46322

Contact person: Kelly Vates

Telephone: 219-961-HELP (4357) Fax: _____

Website: www.asafeport.org

Primary focus: We work with survivors of violence (Physical, Verbal, Emotional and Sexual) along the path of recovery.

Services provided:
On going support groups, Individual sessions, teen mentoring program.

Special programs/groups:
We conduct workshops to help educate and inform the public on the lasting effects of violence.
We have curriculum perfect for schools that discuss the warning signs of violent relationships and how to get out of a toxic relationship.
Testimonials: The survivors of violence created Fair Haven. That equips our organization with a unique voice...the voice of the survivor. These presentations are moving and inspirational.

Forms of payment: Cash or check. Our programs are offered for minimal fees. No one is ever refused service due to the inability to pay. We offer a sliding scale for those who need it.

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Fair Haven was founded by survivors for survivors. We are an advocacy group that focuses on helping the survivor succeed, overcome and heal. We offer help with food, Christmas and back to school items for their children.

Community Resources Directory Information Form

Name of agency: First Steps of Northwest Indiana

Address: 11045 Broadway, Suite F

City, State, Zip: Crown Point, Indiana 46307

Contact person: _____

Telephone: (219) 662-7790/(800) 387-7837 Fax: _____

Website: _____

Primary focus: _____

Services provided:

Initial comprehensive developmental assessment, physical occupational, psychological, and speech therapy, various services for speech, audio, visual, and developmental disabilities, services available from birth to third birthday.

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Community Resources Directory Information Form

Name of agency: Gary Neighborhood Services, Inc.

Address: 300 W. 21st Ave.

City, State, Zip: Gary, Indiana 46407

Contact person: Tom Osborn

Telephone: (219) 883-0431 ext. 12 Fax: (219) 883-0919

Website: GNS@garyneighsrv.org

Primary focus: Multi-service social agency providing a variety of services for all age groups.

Services provided: Youth – Substance abuse prevention/tobacco prevention

Special programs/groups: Series of workshops on drug/tobacco prevention topics.

Forms of payment: No program fee for youth programs

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Also a satellite location for WIC.

Community Resources Directory Information Form

Name of agency: Purdue University Calumet Couple and Family Therapy Center

Address: 1247 169th St.

City, State, Zip: Hammond, Indiana 46323

Contact person: Lorna Hecker, Ph.D.

Telephone: (219) 989-2027 Fax: (219)989-2777

Website: www.calumet.purdue.edu/cftc/

Primary focus: Couple, family, and individual therapy.

Services provided:

Divorce support groups, parenting classes, pre-marital workshops, couple, family, and individual therapy, substance abuse groups.

Special programs/groups:

Forms of payment: Check or cash, sliding fee scale based on income. No insurance.

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

We are a training facility where interns are supervised by licensed clinicians with a Ph.D.

We also have a ply therapy suitable for therapy with children of all ages.

Community Resources Directory Information Form

Name of agency: Samaritan Counseling Center

Address: 8955 Columbia

City, State, Zip: Munster, Indiana 46321

Contact person: _____

Telephone: (219) 923-8110 Fax: (219) 923-8126

Website: samaritancenter-nwi.com

Primary focus: Individual, couple, and family therapy

Services provided:

Therapy

Special programs/groups:

Forms of payment: Cash, check, credit cards, and insurance

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Christian Counseling

County/State/Government Services

Community Resources Directory Information Form

Name of agency: Calumet Township Trustee (serves Gary, unincorporated Calumet Township, Black Oak, Griffith)

Address: Main Office – 35 E. 5th Ave.

City, State, Zip: Gary, Indiana 46402

Contact person: _____

Telephone: North office-(219) 886-5200/South Office- (219) 980-7500/
Multi-purpose Center-(219) 981-4020 Fax: (219) 886-5233

Website: _____

Primary focus: _____

Services provided: Indiana has over 1,000 township offices designed to meet the needs of an immediate community. Services through township office vary, but many include emergency assistance regarding rent, transportation, clothing, utility assistance, and health issues (burial, prescriptions, physicians, and diagnostic). Most offer job readiness programs, along with GED education. Services are based on household income and need. Please contact your local township office to find out services available.

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Other Offices: Hobart Township Trustee-(serves Hobart, Lake Station, unincorporated Hobart, New Chicago) 1421 W. 37th Ave., Hobart, IN 46342 phone: (219) 942-0055 fax: (219) 947-7611
North Township Trustee- (serves East Chicago, Hammond, Highland, Munster, and Whiting) 5947 Hohman Ave., Hammond, IN 46320 phone: (219) 932-2530 E.C. phone: (219) 398-2435 fax: (219) 937-4412

Ross Township Trustee- (serves Merrillville) 24 W. 73rd Ave., Merrillville, IN 46410 phone: (219) 769-2111 fax: (219) 769-7709 www.rosstownship.org

Community Resources Directory Information Form

Name of agency: Lake County Department of Child Services

Address: 661 Broadway/P.O. Box 2270

City, State, Zip: Gary, Indiana 46409

Contact person: Jane A. Bisbee, Director

Telephone: (219) 881-6000 Fax: (219) 881-2013

Website: _____ Email – jane.bisbee@dcs.in.gov

Primary focus: Child protection, foster care, adoption, child abuse/neglect.

Services provided:

Family preservation program helps to prevent unnecessary separation of children from their families.

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Foster Care: 1-888-631-9510

Adoption: 1-888-25-ADOPT

Child Abuse Hotline: 1-800-800-5556

Community Resources Directory Information Form

Name of agency: Lake County Division of Family Resources

Address: 661 Broadway **Mailing Address:** P.O. Box 2270 Gary, IN 46409

City, State, Zip: Gary, IN 46402

Contact person: _____

Telephone: (219) 886-6000 Fax: (219) 881-2013

Website: _____

Primary focus: _____

Services provided: _____

Special programs/groups: _____

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Other Offices: Crown Point Office-1450 E. Joliet St., Crown Point, IN 46307

phone: (219)662-3700 fax: (219) 662-3708

Glen Park Office- 110 W. Ridge Rd., Suite 102, Gary, IN 46409 phone: (219) 981-6526

fax: (219) 981-6441

Hammond Office- 420 Hoffman St., Hammond, IN 46320

phone: (219) 937-0232 fax: (219) 931-7987

East Chicago Office- 3720 Main St., East Chicago, IN 46312 phone: (219) 398-4163

fax: (219) 397-0082

Hobart Office- 1001 W. 37th Ave., Hobart, IN 46342 phone: (219) 947-2787 fax: (219) 947-5377

Community Resources Directory Information Form

Name of agency: Northwest Family Services, Inc. WIC Program

Address: 8316 Virginia St., Suite 4

City, State, Zip: Merrillville, Indiana 46410

Contact person: Barbara Lander

Telephone: (219) 736-8259 Fax: (219) 736-8261

Website: _____

Primary focus: Pregnant and post partum, breastfeeding. Safeguards the health of low-income women, infants and children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care. They must meet income, residency, and nutritional requirements. Participants are given vouchers to purchase foods that will healthily supplement their diets.

Services provided: Nutrition education, referrals, supplementary food

Special programs/groups:

Breastfeeding Support, nutrition class.

Forms of payment: N/A

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

WIC Satellite Offices: **WIC/Black Oak**, 6209 W. 25th Ave., Gary, IN 46406-3014 (219) 844-9192

WIC Gary, 300 W. 21st Ave., Gary, IN 46407-2511 (219) 883-5260

WIC Crown Point, 1450 E. Joliet St., Suite 206, Crown Point, IN 46307-4725 (219) 663-9279

WIC Gary-Downtown, 650 Grant St., Suite 1, Gary, IN 46404-1551 (219) 882-6510

WIC East Chicago, 100 W. Chicago Ave., East Chicago, IN 46312-3202



Nutrition Program Facts Food and Nutrition Service

WIC

The Special Supplemental Nutrition Program for Women, Infants and Children

1. What is WIC?

WIC provides nutritious foods, nutrition education, and referrals to health and other social services to participants at no charge. WIC serves low-income pregnant, postpartum and breastfeeding women, and infants and children up to age 5 who are at nutrition risk. WIC is not an entitlement program; that is, Congress does not set aside funds to allow every eligible individual to participate in the program. Instead, WIC is a Federal grant program for which Congress authorizes a specific amount of funding each year for program operations. The Food and Nutrition Service, which administers the program at the Federal level, provides these funds to WIC State agencies (State health departments or comparable agencies) to pay for WIC foods, nutrition education, and administrative costs.

2. Where is WIC available?

The program is available in all 50 States, 34 Indian Tribal Organizations, America Samoa, District of Columbia, Guam, Commonwealth Islands of the Northern Marianas, Puerto Rico, and the Virgin Islands. These 90 WIC State agencies administer the program through 2,200 local agencies and 9,000 clinic sites.

3. Who is eligible?

Pregnant or postpartum women, infants, and children up to age 5 are eligible. They must meet income guidelines, a State residency requirement, and be individually determined to be at “nutrition risk” by a health professional. To be eligible on the basis of income, applicants’ income must fall at or below 185 percent of the U.S. Poverty Income Guidelines (currently \$35,798 for a family of four). A person who participates or has family members who participate in certain other benefit programs, such as the Food Stamp Program, Medicaid, or Temporary Assistance for Needy Families, automatically meets the income eligibility requirement.

4. What is “nutrition risk?”

Two major types of nutrition risk are recognized for WIC eligibility:

- Medically-based risks such as anemia, underweight, overweight, history of pregnancy complications, or poor pregnancy outcomes.
- Dietary risks, such as failure to meet the dietary guidelines or inappropriate nutrition practices.

Nutrition risk is determined by a health professional such as a physician, nutritionist, or nurse, and is based on Federal guidelines. This health screening is free to program applicants.

5. How many people does WIC serve?

More than 8 million people get WIC benefits each month. In 1974, the first year WIC was permanently authorized, 88,000 people participated. By 1980, participation was at 1.9 million; by 1985 it was 3.1 million; and by 1990 it was 4.5 million. Average monthly participation for Fiscal Year (FY) 2004 was approximately 7.9 million.

Children have always been the largest category of WIC participants. Of the 7.9 million people who received WIC benefits each month in FY 2004, approximately 4 million were children, 2 million were infants, and 1.9 million were women.

6. What food benefits do WIC participants receive?

In most WIC State agencies, WIC participants receive checks or vouchers to purchase specific foods each month that are designed to supplement their diets. A few WIC State agencies distribute the WIC foods through warehouses or deliver the foods to participants' homes. The foods provided are high in one or more of the following nutrients: protein, calcium, iron, and vitamins A and C. These are the nutrients frequently lacking in the diets of the program's target population. Different food packages are provided for different categories of participants.

WIC foods include iron-fortified infant formula and infant cereal, iron-fortified adult cereal, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, peanut butter, dried beans/peas, tuna fish and carrots. Special therapeutic infant formulas and medical foods may be provided when prescribed by a physician for a specified medical condition.

7. Who gets first priority for participation?

WIC cannot serve all eligible people, so a system of priorities has been established for filling program openings. Once a local WIC agency has reached its maximum caseload, vacancies are filled in the order of the following priority levels:

- Pregnant women, breastfeeding women, and infants determined to be at nutrition risk because of a nutrition-related medical condition.
- Infants up to 6 months of age whose mothers participated in WIC or could have participated and had a serious medical problem
- Children at nutrition risk because of a nutrition-related medical problem.
- Pregnant or breastfeeding women and infants at nutrition risk because of an inadequate dietary pattern.
- Children at nutrition risk because of an inadequate dietary pattern.
- Non-breastfeeding, postpartum women with any nutrition risk.

- Individuals at nutrition risk only because they are homeless or migrants, and current participants who, without WIC foods, could continue to have medical and/or dietary problems.

8. What is the WIC infant formula rebate system?

Mothers participating in WIC are encouraged to breastfeed their infants if possible, but WIC State agencies provide infant formula for mothers who choose to use this feeding method. WIC State agencies are required by law to have competitively bid infant formula rebate contracts with infant formula manufacturers. This means WIC State agencies agree to provide one brand of infant formula and in return the manufacturer gives the State agency a rebate for each can of infant formula purchased by WIC participants. The brand of infant formula provided by WIC varies from State agency to State agency depending on which company has the rebate contract in a particular State.

By negotiating rebates with formula manufacturers, States are able to serve more people. For FY 2004, rebate savings were \$1.64 billion, supporting an average of 2 million participants each month, or 25 percent of the estimated average monthly caseload.

9. What is WIC's current funding level?

Congress appropriated \$5.204 billion for WIC in FY 2006. By comparison, the WIC Program appropriation was \$20.6 million in 1974; \$750 million in 1980; \$1.5 billion in 1985; and \$2.1 billion in 1990.

For more information:

Information on FNS programs is available on the World Wide Web at www.fns.usda.gov/fns

Updated March 2006

Community Resources Directory Information Form

Name of agency: Northwest Indiana Childcare Development Fund Program /CCDF

Address: 8400 Louisiana St.

City, State, Zip: Merrillville, Indiana 46410

Contact person: Julie Marker

Telephone: (219) 757-1957 Fax: (219) 738-5283

Website: _____

Primary focus: Federal and state funded program that offers assistance to Lake County families for daycare.

Services provided:

Special programs/groups:

Forms of payment: N/A

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Phone lines are open Monday – Thursday 8 a.m. to 12 noon, Friday 8 a.m. to 10 a.m.

Education

Community Resources Directory Information Form

Name of agency: Geminus Head Start XXI

Address: 8400 Louisiana Street

City, State, Zip: Merrillville, Indiana 46410

Contact person: Kay A. Jackson, Secretary

Telephone: (219) 757-1840 Fax: (219) 757-1856

Website: www.geminus.org

Primary focus: Preparing children for kindergarten mentally, socially, emotionally, and physically.

Services provided:
Early childhood education and Family services.

Special programs/groups:
N/A

Forms of payment: Federally funded program

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Community Resources Directory Information Form

Name of agency: Indiana Project Respect "Sex Can Wait"

Address: 5454 Hohman Ave.

City, State, Zip: Hammond, Indiana 46320

Contact person: Linda Kraiko, Angela Earley

Telephone: (219) 932-2300 ext. 34643 Fax: (219) 933-2126

Website: _____

Primary focus: SCW is an educational program that promotes sexual abstinence as the best decision young people can make for themselves.

Services provided:
Education on abstinence, puberty, teen pregnancy, STD education, self-esteem.

Special programs/groups:

Forms of payment: No charge

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Community Resources Directory Information Form

Name of agency: Mental Health America of Lake County

Address: 9722 Parkway Drive

City, State, Zip: Highland, Indiana 46322

Contact person: Nicole Satterfield

Telephone: (219) 922-3822 Fax: (219) 922-3825

Website: www.mhalakecounty.org

Primary focus: To provide a select set of mental health and outreach services for clients and families while promoting good mental health through education, referral and advocacy for all residents of Lake County.

Services provided:

Girls' Inc.: Preventing Adolescent Pregnancy. Curriculum is age based: 7-8, 9-11, 12-14, 15-18 years of age.

Special programs/groups:

Program is mainly in schools, but are also available for groups like Girl Scouts, etc.

Forms of payment: Services are Free

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Program includes activities that are fun and educational.

Community Resources Directory Information Form

Name of agency: Northwest Family Services, Inc.

Address: 5927 Columbia Ave.

City, State, Zip: Hammond, Indiana 46320-2611

Contact person: _____

Telephone: (219) 933-7377 Fax: _____

Website: _____

Primary focus: _____

Services provided:

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Satellite location for WIC.

Community Resources Directory Information Form

Name of agency: P.A.T.H – A Positive Approach to Teen Health

Address: P.O. Box 1063

City, State, Zip: Valparaiso, Indiana 46384

Contact person: Wilma K. Willard

Telephone: (219) 548-8783 Fax: (219) 548-8744

Website: www.pathblazer.org

Primary focus: Resources and education on topics of teen culture, STDs, teen pregnancy, human development, healthy teen choices, marriage.

Services provided:

Website, guest teaching, mentoring, tutoring, teen club, parent workshops, peer leadership, assemblies, professional seminars, resources promoting abstinence.

Special programs/groups:

Attention Abstinent Teens: Be a Peer Leader in our Pathblazer Program at your high school.

Forms of payment: Donations

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

PATH serves seven Northwest Indiana counties. We come alongside educators, youth workers, club leaders, clergy, and parents and teens to provide information, direction, and support.

Community Resources Directory Information Form

Name of agency: Pyramids, Inc.

Address: 2410 Interstate Plaza Drive

City, State, Zip: Hammond, Indiana 46324

Contact person: Alice Vockell

Telephone: (219) 845-3113 Fax: (219) 845-2092

Website: _____

Primary focus: After school tutoring for Title I schools. Independent living, transitional and voluntary services for youth who are wards of the court.

Services provided:

All of the above is covered in our independent living skills program.

Special programs/groups:

Referrals from caseworkers.

Forms of payment: Contracted by the state of Indiana.

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

The program is 27 years old.

Community Resources Directory Information Form

Name of agency: Urban Community Action Network

Address: 650 Grant Street

City, State, Zip: Gary, Indiana 46406

Contact person: Debra Baker, Administrative Assistant

Telephone: (219) 886-8642 Fax: (219) 886-9634

Website: _____

Primary focus: Community Based Abstinence Education

Services provided:

Abstinence education, teen parenting, parent support groups.

Special programs/groups:

Team Revolution – Peer to Peer Drama & Dance Component

Forms of payment: Services are free of charge through federal grant funding

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Teen Mom Program – A former teen mom teaches the program. She lets the students know that they can defy the odds, statistics, and have a healthy life style by making healthy choices. Nationally recognized curriculums-Relationships Under Construction & Game Plan and Aspire.

Food Pantries/Assistance

Community Resources Directory Information Form

Name of agency: Beacon Light Food Pantry

Address: 3770 Burr St.

City, State, Zip: Gary, Indiana 46408

Contact person: _____

Telephone: (219) 838-0586 Fax: _____

Website: _____

Primary focus: Food Pantry

Services provided:
Food Pantry

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

May require calls ahead of time for availability, may operate on limited schedules. Please call ahead with any inquiries.

Community Resources Directory Information Form

Name of agency: Bethel Temple Outreach Food Pantry

Address: 110 W. 43rd Ave.

City, State, Zip: Gary, Indiana 46408

Contact person: _____

Telephone: (219) 980-0076 Fax: _____

Website: _____

Primary focus: _____

Services provided:
Food Pantry

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

May require calls ahead of time for availability, may operate on limited schedules. Please call ahead with any inquiries.

Community Resources Directory Information Form

Name of agency: Catholic Charities

Address: 6919 Indianapolis Blvd.

City, State, Zip: Hammond, Indiana 46324

Contact person: _____

Telephone: (219) 844-4883 Fax: _____

Website: _____

Primary focus: _____

Services provided:
Rental, Utility, Food Assistance, and social service referrals

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

May require calls ahead of time for availability, may operate on limited schedules. Please call ahead with any inquiries.

Community Resources Directory Information Form

Name of agency: Delaney Church Food Pantry

Address: 2251 Wright St.

City, State, Zip: Gary, Indiana 46404

Contact person: _____

Telephone: (219) 882-4459 Fax: _____

Website: _____

Primary focus: _____

Services provided:

Food Assistance

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

May require calls ahead of time for availability, may operate on limited schedules. Please call ahead with any inquiries.

Community Resources Directory Information Form

Name of agency: First African Methodist Episcopal Church

Address: 2001 Massachusetts St.

City, State, Zip: Gary, Indiana 46407

Contact person: _____

Telephone: (219) 886-7561 Fax: _____

Website: _____

Primary focus: _____

Services provided:

Food Assistance

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

May require calls ahead of time for availability, may operate on limited schedules. Please call ahead with any inquiries.

Community Resources Directory Information Form

Name of agency: First Baptist Church Food Pantry

Address: 626 W. 21st Ave.

City, State, Zip: Gary, Indiana 46407

Contact person: _____

Telephone: (219) 883-7561 Fax: _____

Website: _____

Primary focus: _____

Services provided:
Food Assistance

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

May require calls ahead of time for availability, may operate on limited schedules. Please call ahead with any inquiries.

Community Resources Directory Information Form

Name of agency: First United Presbyterian Church of God

Address: 591 Monroe St.

City, State, Zip: Gary, Indiana 46402

Contact person: _____

Telephone: (219) 885-5507 Fax: _____

Website: _____

Primary focus: _____

Services provided:
Food Pantry and Clothing

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

May require calls ahead of time for availability, may operate on limited schedules. Please call ahead with any inquiries.

Community Resources Directory Information Form

Name of agency: Food Bank of Northwest Indiana

Address: 2248 W. 35th Ave.

City, State, Zip: Gary, Indiana 46408

Contact person: _____

Telephone: (219) 980-1777 Fax: _____

Website: _____

Primary focus: _____

Services provided:

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

May require calls ahead of time for availability, may operate on limited schedules. Please call ahead with any inquiries.

Community Resources Directory Information Form

Name of agency: GNS Campbell Food Pantry

Address: 300 W. 21st Ave.

City, State, Zip: Gary, Indiana 46407

Contact person: _____

Telephone: (219) 883-0431 Fax: _____

Website: _____

Primary focus: _____

Services provided:
Food Pantry

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

May require calls ahead of time for availability, may operate on limited schedules. Please call ahead with any inquiries.

Community Resources Directory Information Form

Name of agency: Greater Hammond Community Services

Address: 119 State St.

City, State, Zip: Hammond, Indiana 46327

Contact person: _____

Telephone: (219) 932-4800 Fax: _____

Website: _____

Primary focus: _____

Services provided:
Food Pantry, Utility, Furniture, Housing Assistance

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

May require calls ahead of time for availability, may operate on limited schedules. Please call ahead with any inquiries.

Community Resources Directory Information Form

Name of agency: Helping Hands Food Pantry

Address: 626 S. Broad St.

City, State, Zip: Griffith, Indiana 46319

Contact person: _____

Telephone: (219) 922-8637 Fax: _____

Website: _____

Primary focus: _____

Services provided:
Food Pantry

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

May require calls ahead of time for availability, may operate on limited schedules. Please call ahead with any inquiries.

Community Resources Directory Information Form

Name of agency: Laurel Food Pantry

Address: 7525 Taft St.

City, State, Zip: Merrillville, Indiana 46410

Contact person: _____

Telephone: (219) 738-1991 Fax: _____

Website: _____

Primary focus: _____

Services provided:
Food Pantry

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

May require calls ahead of time for availability, may operate on limited schedules. Please call ahead with any inquiries.

Community Resources Directory Information Form

Name of agency: Miracle Faith Word Center

Address: 630 W. 15th Ave.

City, State, Zip: Gary, Indiana 46407

Contact person: _____

Telephone: (219) 882-1083 Fax: _____

Website: _____

Primary focus: _____

Services provided:
Food Assistance

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

May require calls ahead of time for availability, may operate on limited schedules. Please call ahead with any inquiries.

Community Resources Directory Information Form

Name of agency: Referral and Emergency Services, Inc.

Address: 1100 Massachusetts St.

City, State, Zip: Gary, Indiana 46402

Contact person: _____

Telephone: (219) 886-1586 Fax: _____

Website: _____

Primary focus: _____

Services provided:
Food, Clothing, Utility Assistance, Crisis Counseling

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

May require calls ahead of time for availability, may operate on limited schedules. Please call ahead with any inquiries.

Community Resources Directory Information Form

Name of agency: St. Joseph Church

Address: 5304 Hohman Ave.

City, State, Zip: Hammond, Indiana 46320

Contact person: _____

Telephone: (219) 931-7682 Fax: _____

Website: _____

Primary focus: _____

Services provided:
Soup Kitchen

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

May require calls ahead of time for availability, may operate on limited schedules. Please call ahead with any inquiries.

Parenting

Community Resources Directory Information Form

Name of agency: New Life Family Learning Center

Address: 2823 Martha Street

City, State, Zip: Hammond, Indiana 46323

Contact person: Patricia Simes

Telephone: (219) 844-4856 Fax: (219) 844-5981

Website: newlifeparents@sbcglobal.net

Primary focus: Education

Services provided:

Parenting education, parenting sessions for new parents and for older children, provide referral for resources, personal development skills, single parent support group.

Special programs/groups:

Nurturing family for Teens, Boyz 2 Dad, 24/7 DAD

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Services may be provided at other sites in addition to New Life's site.

Community Resources Directory Information Form

Name of agency: Parents as Teachers (PAT)

Address: 2450 169th St.

City, State, Zip: Hammond, Indiana 46323

Contact person: _____

Telephone: (219) 554-1710 Fax: _____

Website: www.parentsasteachers.org Email address: pathammond@sbcglobal.net

Primary focus: The goal is for parents to be actively involved in their child's development, decrease child abuse, and prepare child for success in school. The program is free and voluntary, and open to prenatal parents up until their child enters kindergarten. Contact your local PAT office for a referral. Since the program is free, there often is a waiting list.

Services provided:

Parents as Teachers (PAT) provide child development knowledge and support for parents. By using parent educators, parents will learn skills that will enhance their child's developmental stages, while teaching parental responsibility in raising their children.

Special programs/groups:

Forms of payment: N/A

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Family and Kids Center-PAT: YWCA, 150 W. 15th Ave., Gary, IN 46407 (219) 881-9922

Healthy Families-PAT: Mental Health Association in Lake County, 9722 Parkway Dr., Highland, IN 46322 (219) 922-3822/ Tradewinds-PAT: Tradewinds Rehabilitation Center, 5901 W. 7th Ave., Gary, IN 46406 (219) 949-4000/Lake Station PAT: Lake Station Community School, District 2, 2100 Union St., Lake Station, IN 46405 (219) 962-1302/Gary Neighborhood Services-PAT: 300 W. 21st Ave., Gary, IN 46407 (219) 883-0431, gns@garyneighbrsrtc.org

The Villages-PAT: Lake County Healthy Families-The Villages, 5401 Broadway St., Suite A, Merrillville, IN 46410 (219) 980-6185/Family and Kids Center-PAT: YWCA, 150 W. 15th Ave., Gary, IN 46407 (219) 881-9922

Prenatal - Care/Pregnancy/Infant/ Child Aid

Community Resources Directory Information Form

Name of agency: Answers for Pregnancy Aid

Address: 705 Colonial Dr.

City, State, Zip: Hobart, Indiana 46342-2349

Contact person: _____

Telephone: (219) 947-2272 Fax: _____

Website: _____

Primary focus: _____

Services provided:

Pro-life option counseling, parent education, pregnancy testing, emotional support

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Limited hours: Monday, Wednesday, and Friday 9:30 am to 12:30 pm

Community Resources Directory Information Form

Name of agency: Birthchoice of Lake County Indiana, Inc.

Address: 2450 169th St.

City, State, Zip: Hammond, Indiana 46323-2009

Contact person: _____

Telephone: (219) 554-1774/(800) 848-5683 Fax: _____

Website: _____

Primary focus: _____

Services provided:

Free pregnancy tests, counseling and support for pregnant women, provides layettes, diapers, and formula available in emergencies.

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Limited hours; Monday and Wednesday 11 am to 4 pm; Tuesday 11 am to 2 pm and 6 pm to 8 pm; Thursday 11 am to 2 pm.

Community Resources Directory Information Form

Name of agency: Great Beginnings

Address: 410 West 13th Avenue

City, State, Zip: Gary, Indiana 46407

Contact person: Christina Collins, LPN, PNCC

Telephone: (219) 885-2204 Fax: (219) 885-2223

Website: _____ Email Address: ccollins@hvusa.org

Primary focus: To decrease infant mortality by providing prenatal care coordination, which offers assistance with pregnancy, covering mental, physical, and emotional needs.

Services provided: (abstinence, education, support groups, birth control, teen parenting, etc.)

Education, workshops, free pregnancy tests, community referrals, home visits, pampers, baby cribs, etc.

Special programs/groups:

We have partnerships with organizations to help aid in the goal of a healthy pregnancy.

Forms of payment: If client does not have insurance, we sign them up with Medicaid to receive repayment. Otherwise, services are free.

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

We stress the importance of getting early prenatal care, healthy diet, emotional stability, and a safe home environment for the expectant mother. We emphasize good parenting skills, prevention of SIDS, discourage drinking alcohol, smoking, and illegal drugs during pregnancy.

Community Resources Directory Information Form

Name of agency: Healthy Start

Address: 7854 Interstate Plaza Drive

City, State, Zip: Hammond, Indiana 46324

Contact person: Risë Ratney, Project Director

Telephone: (219) 989-3939 Fax: (219) 989-3930

Website: _____

Primary focus: To reduce infant mortality, to help mothers to have healthy birth outcomes.

Services provided:

Health education classes, case management, transportation, prenatal and well baby care until child is 2 yrs old, conducts home visits on a monthly basis, fee-free service, provides referrals to agencies in the area regarding social and health services, source of information regarding care during and after pregnancy, parenting classes.

Special programs/groups:

Baby Bucks for our Baby Store. Baby bucks are earned by participation in any h.s. activity.

Forms of payment: N/A

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Other offices: **East Chicago**- Heritage Hall, Roberto Clemente Center, Central High School

Gary- Gary WIC (650 Grant St./Black Oak), Gary Neighborhood Services, DCFS Office

Hammond- DCFS Office, Moms, Kids, and Company

Lake Station-Hobart DCFS, Lake Station WIC

Community Resources Directory Information Form

Name of agency: Maternal Child Health Clinic

Address: 2200 Grant St. Suite 204

City, State, Zip: Gary, Indiana 46404

Contact person: _____

Telephone: (219) 887-5146 Fax: (219) 884-2756

Website: _____

Primary focus: Prenatal Care/Well Child Care

Services provided:

Sports physicals, general physicals, exams, immunizations, hearing, vision.

Special programs/groups:

Prenatal care, substance abuse education, collaborate program with Healthy Start, etc.

Forms of payment: Sliding fee scale/Medicaid

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

We offer a full range of childhood preventative health services, free pregnancy tests, prenatal care, and parental care coordination.

Community Resources Directory Information Form

Name of agency: Nursing Assistance to Assure Life Expectancy (NATALE)

Address: 1021 W. 5th Ave., Suite 201

City, State, Zip: Gary, Indiana 46402-1703

Contact person: _____

Telephone: (219) 886-0585 Fax: (219) 886-5105

Website: _____

Primary focus: _____

Services provided: Offers prenatal care within 1st trimester, provides post partum assessment, clothing, food, and baby necessities donated, conducts home visits and assess living conditions, gives case to Healthy Start after baby is born, transportation to appointments.

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Community Resources Directory Information Form

Name of agency: PASS Pregnancy Care Center

Address: 17214 Oak Park Ave.

City, State, Zip: Tinley Park, Illinois 60477 (Main Office)/Other Locations: 613 E. 162 St. South Holland, IL/2219 Exchange St. Crete, IL 60417

Contact person: _____

Telephone: (708) 614-9777 Fax: (708) 614-7536

Website: _____

Primary focus: The mission of PASS is to assist and empower women and teens in the greater Southland communities by providing a life-affirming network of care through crisis intervention counseling, education for single mothers, prevention programming for at-risk youth, and restoration programs and support groups.

Services provided: **Crisis Intervention:** PASS is a faith-based response to the needs of women confronted with crisis pregnancies. It is an equal opportunity, free service currently available to women through four centers located in Tinley Park, Crete, South Holland, and Harvey. Limited medical services are available at Tinley Park, and the South Holland center is currently under renovation to expand medical provisions there as well. Education: The goal of crisis intervention is to empower the woman to succeed in life throughout pregnancy and beyond. We offer guidance and planning assistance for her non-material needs. We also offer a one-time emergency provision of supplies, which afterwards can be "purchased" in our Mother's Room with vouchers earned through attendance at our life-skills and prenatal classes.

Prevention: Early initiation of sexual activity brings not only the risk of adolescent pregnancy, but also substantial health risks. It is also associated with poor school performance, substance abuse, depression, and suicide. Since 1988, PASS has provided abstinence education, peer support, and mentoring to students from grade 6 through 12. These programs help pre-adolescents and adolescents acquire knowledge and skills that will instill healthy attitudes, as well as appreciate the social, psychological, health, and educational gains to be realized by abstaining from sexual activity. Building upon positive factors in the lives of young people protects youth from many risky behaviors, including sexual activity. Restoration: Up to 1/3 of the people we meet in our clinics have had one or more abortions. Abortions can cause trauma and pain to enter the life of the post-abortive woman and her family. Since 1991, we have offered a program for those who were experiencing the aftermath of abortion, or those who have experienced abuse, rape, incest, or other significant loss or grief.

Special programs/groups:
Prenatal classes, Life-skills classes (Abundant Life), Impact school presentations, Hope &

Healing classes.

Forms of payment: All services are confidential and free.

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

PASS pregnancy care centers is a network of life-affirming care. Besides crisis counseling, we offer many other resources to aid and empower a woman and her family to make a choice of life for herself and her family.

Community Resources Directory Information Form

Name of agency: Prenatal Assistance Program

Address: 1121 S. Indiana Ave.

City, State, Zip: Crown Point, Indiana 46307

Contact person: Kathryn Copak, RN

Telephone: (219) 663-5413 Fax: (219) 663-5491

Website: Located on the St. Anthony Medical Center site/Community Services

Primary focus: Assisting pregnant women with the Medicaid process, medical appointments, and prenatal education.

Services provided:
Free pregnancy testing, referrals for medical appointments, community services, education.

Special programs/groups:
Enrollees are eligible for childbirth classes.

Forms of payment: No cost to clients.

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

We assist women with a clothing closet, maternity clothing, and pass along items donated by various church and community members.

Community Resources Directory Information Form

Name of agency: St. Margaret Mercy Healthcare Center

Address: 5454 Hohman Ave.

City, State, Zip: Hammond, Indiana 46320

Contact person: Pauletta Evans-Hanselman, RN

Telephone: (219) 933-2229 Fax: (219) 933-2614

Website: www.ssfhs.org

Primary focus: Prenatal center, care of obstetrical patients through pregnancy, delivery, post-partum period.

Services provided:

We do not offer any services related to contraception due to being a Catholic-based hospital clinic.

Special programs/groups:

Lactation coordinator, Patient teaching for diabetes, high blood pressure.

Forms of payment: Cash, check, VISA, Mastercard, Indiana Medicaid (Traditional), St. Margaret MDWise, Hoosier Healthwise (Hospital must be a participant in program to qualify).

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Dr. Ojomo is a perinatologist. We see high risk patients. Teenage pregnancy is considered high risk.

Community Resources Directory Information Form

Name of agency: The Women's Center

Address: 64 W. 80th Pl.

City, State, Zip: Merrillville, IN 46410

Contact person: Janell Rottier/Patricia L.

Telephone: Main-(219) 769-4354/Helpline-(219) 769-4321/(800) 395-HELP

Fax: (219) 769-4360

Website: www.thewc.org/email - resources4women@aol.com

Primary focus: We are a crisis pregnancy center offering free pregnancy tests and counseling.

Services provided:

Education about abstinence, pregnancy, abortion, and alternatives, free pregnancy tests, parenting classes (Building Blocks)- an earn and learn program to help obtain needed items for an infant (i.e. diapers, clothing, formula, etc.) 24 hour help line, counseling: Ongoing, post-abortion, sexuality, referrals: legal, physicians, housing, and adoption, maternity and baby clothing.

Special programs/groups:

H.E.A.R.T.S. & Building Blocks

Forms of payment: FREE- All services are free & 100% Confidential

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Other Lake County Office: 2942 Highway Ave., Highland, IN 46322-1631 (219) 838-4556

Our H.E.A.R.T.S. is an abstinence based program which focuses on self-worth. It's very interactive & hands-on. Our Building Blocks program is a 2 time a month parenting class for parent(s) who are pregnant or have children 5 and under. We also have one-on-one counseling for those facing unplanned pregnancy with information on parenting, adoption, and abortion.

Shelters/Housing

Community Resources Directory Information Form

Name of agency: Ark Shelter

Address: _____

City, State, Zip: Gary, Indiana

Contact person: _____

Telephone: (219) 882-4459 Fax: _____

Website: _____

Primary focus: Shelter for women and children; provides mental health, substance abuse, health care and social service referrals.

Services provided: (abstinence, education, support groups, birth control, teen parenting, etc.)

Temporary Shelter-Shelter for times of distress including leaving abusive situations, running away from home, or homeless situations.

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Community Resources Directory Information Form

Name of agency: Capes House

Address: _____

City, State, Zip: Lake County, Indiana

Contact person: Melinda Brooks, Office Manager

Telephone: (219) 931-8223 Fax: (219) 931-8343

Website: N/A

Primary focus: Providing temporary shelter assistance for homeless families of Lake County, Indiana.

Services provided:

Special programs/groups:

Forms of payment: N/A

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Community Resources Directory Information Form

Name of agency: Crisis Center

Address: _____

City, State, Zip: Gary, Indiana 46403

Contact person: Willie P. Perry, Coordinator/Crisis Contact Helpline

Telephone: (219) 938-7070 Fax: (219) 938-7502

Website: www.crisiscenterysb.org

Primary focus: Shelter for runaway and homeless teens, education, confidential crisis phone line.

Services provided:

Crisis Contact Helpline, Safe Place, Youth As Resources, Temporary Shelter-Shelter for times of distress including leaving abusive situations, running away from home, or homeless situations.

Special programs/groups:

Forms of payment: No charge

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Shelter for troubles children (Alternative House, 24 Hour crisis intervention line, Safe Place Site.

Community Resources Directory Information Form

Name of agency: East Chicago Community Health Center

Address: 100 W. Chicago Ave.

City, State, Zip: East Chicago, Indiana 46312

Contact person: _____

Telephone: (219) 397-1196/Administration: (219) 392-4900

Fax: Administration (219) 391-8509

Website: _____

Primary focus: _____

Services provided:

Pregnancy testing, drug discount program, obstetrics/gynecology services, STD and HIV testing

Special programs/groups:

Sliding scale fee for services, offers social services for community

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Community Resources Directory Information Form

Name of agency: Esther House

Address: 6847 N. Allen Road

City, State, Zip: Peoria, Illinois 61614

Contact person: Nancy Hays

Telephone: (309) 689-0915 Fax: (309) 689-1048

Website: www.peoriarescue.org

Primary focus: Long-term residency for women (18 yrs. and older) and women with children.

Services provided:

We exist to help women refocus their lives spiritually, academically, and vocationally.

Special programs/groups:

We deal with issues such as sexual abuse, post-abortion stress, etc.

Forms of payment: Our services are provided at no charge.

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

We ask women interested in becoming a resident at the Esther House to be willing to make a minimum of a six month commitment.

Community Resources Directory Information Form

Name of agency: Gary Housing Authority

Address: 578 Broadway

City, State, Zip: Gary, Indiana 46402

Contact person: _____

Telephone: (219) 883-0387 Fax: (219) 881-1033

Website: _____

Primary focus: Housing Assistance

Services provided:

General Guidelines in applying for housing assistance: Have birth certificate and a state ID, provide proof of income (food stamps, AFDC included), be prepared to wait – it normally takes a year before getting into the housing authority, call ahead – each office has a separate time for applications.

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

In regards to the local housing authorities, East Chicago, Hammond, and Gary normally have a waiting period of one year before units open up. Periodically, Hammond and East Chicago are known to open applications for housing, but are usually announced quickly and quietly.

Applications are only taken on Monday, Tuesday and Wednesdays Call for times when apps are taken. *Throughout Northwest Indiana, there are properties that hold a certain amount of apartments based on income. Although a large majority do not rent apartments to anyone under the age of 18, it is important to regularly call to find out if they have any subsidized or income based apartments available. Please note, most apartment complexes do not take township as a form of payment and you must have an income of at least \$18,000 a year, including food stamps, TANF, child support payments, and/or social security payments. Your local township office is the best source for a listing of apartments in your area.

Community Resources Directory Information Form

Name of agency: Hammond Housing Authority

Address: 1402 173rd St.

City, State, Zip: Hammond, Indiana 46324

Contact person: _____

Telephone: (219) 989-3265 Fax: (219) 989-3275

Website: www.hammondhousing.org

Primary focus: Housing Assistance

Services provided:

General Guidelines in applying for housing assistance: Have birth certificate and a state ID, provide proof of income (food stamps, AFDC included), be prepared to wait – it normally takes a year before getting into the housing authority, call ahead – each office has a separate time for applications.

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

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Community Resources Directory Information Form

Name of agency: Nesting Doves

Address: 401 W. Mulberry St.

City, State, Zip: Kokomo, Indiana 46901

Contact person: Brenda Roberts

Telephone: (765) 456-1765 Fax: _____

Website: www.nestingdoves.com

Primary focus: Provides shelter, food, and care for single pregnant women between the ages of 13 and 23.

Services provided:

Childcare classes, nutrition classes, GED or high school diploma tutoring, transportation to appointments.

Special programs/groups:

Bible Study, Church weekly.

Forms of payment: No cost to resident for stay at Nesting Doves. Only cost would be to school for education.

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

We accept girls from any part of the country and we have a home-style atmosphere rather than an institutional environment.

Community Resources Directory Information Form

Name of agency: Open Arms/Kokomo Rescue Mission

Address: 929 N. Main

City, State, Zip: Kokomo, Indiana 46901

Contact person: Kimberly Howell, Director

Telephone: (765) 456-3077 Fax: (765) 854-2117

Website: rescuekokomo.org

Primary focus: _____

Services provided:

Men's shelter, women & children's shelter, food, clothing, and holiday outreach programs.
Basic life skills, spiritual growth, improving learning skills in the computerized learning center.

Special programs/groups:

Forms of payment: No cost. Kokomo Rescue Mission depends on the contributions of
individuals, businesses, and churches for support.

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Services available 24 hours a day, 365 days a year.

Community Resources Directory Information Form

Name of agency: Rainbow Shelter

Address: _____

City, State, Zip: Gary, Indiana

Contact person: _____

Telephone: (219) 886-1600 Fax: _____

Website: _____

Primary focus: Shelter for women and children who are victims of abuse.

Services provided:

Temporary Shelter-Shelter for times of distress including leaving abusive situations, running away from home, or homeless situations.

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Community Resources Directory Information Form

Name of agency: Sojourner Truth House

Address: _____

City, State, Zip: Gary, Indiana

Contact person: _____

Telephone: (219) 885-2282 Fax: _____

Website: _____

Primary focus: Shelter services, community resource and social service referrals.

Services provided:

Shelter for times of distress including leaving abusive situations, running away from home, or homeless situations.

Special programs/groups:

Forms of payment: _____

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Community Resources Directory Information Form

Name of agency: St. Jude House

Address: 12490 Marshall St.

City, State, Zip: Crown Point, Indiana 46307

Contact person: Nicole D. Anderson

Telephone: (219) 662-70660 ext.38 Fax: (219) 662-7041

Website: www.stjudehouse.org

Primary focus: Domestic Violence and Sexual Assault Shelter/Supporting survivors of sexual assault.

Services provided:
Sexual assault support group, rape response to hospitals for survivors, one on one support, advocacy support group for parents of children who have been sexually molested.

Special programs/groups:
Rape Response Team

Forms of payment: All services are free

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

We provide a full range of support for survivors of sexual assault in a safe, confidential environment. All services are free of charge.

Community Resources Directory Information Form

Name of agency: The Warming Shelter

Address: _____

City, State, Zip: Lake County, Indiana

Contact person: Joyce Matthews, Night Supervisor

Telephone: (219) 853-1877 Fax: (219) 931-8343

Website: N/A

Primary focus: Providing shelter assistance to single men and women 18 years of age and over.

Services provided:

Special programs/groups:

Forms of payment: N/A

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

Transportation

Community Resources Directory Information Form

Name of agency: Triple A Express Inc.

Address: 2923 Jewett

City, State, Zip: Highland, Indiana 46321

Contact person: Chip Whitney

Telephone: (219) 972-3233 Fax: (219) 972-3236

Website: N/A

Primary focus: Transportation in Lake County Indiana

Services provided:

Special programs/groups:

Forms of payment: Cash, insurance, Medicaid

Please provide any additional information that causes your program to be unique or that you feel will help others to identify your program.

We drive white Dodge Mini-Vans

