A close up of a sign

Description generated with very high confidence

**Annual Report 2018**

*Please submit a copy of this annual report by* ***March 4, 2019*** *with information*

*covering the previous calendar year. Make this submission to:*

**Texas Adventist Community Services, PO Box 35, Keene, TX 76009 or**

**E-mail to** [**acs@txsda.org**](mailto:acs@txsda.org)**.**

Please send copies of this official report to members of your board, the pastor of the sponsoring church, we will send a copy of your report to the North American Division Adventist Community Services.

**This report is submitted for a/an:**

|  |  |
| --- | --- |
| Adventist Community Services Center | Mentoring & Tutoring Program |
| Adventist Disaster Response Team | Youth Empower to Serve (YES) |
| Inner City Program | Food Pantry |
| Van Ministry / or Health Screening Program | Dorcas Society |
| ACS Disaster Response Operation | Church-Based Community Service Program |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sponsoring Church | | | |  | | | | | | |
| Address | |  | | | | | | | | |
| City |  | | | | | State |  | | Zip Code |  |
| Telephone | | |  | | | | Fax Number |  | | |
| Director | | |  | | | | E-mail |  | | |
| Name of Organization *(If applicable)* | | | | |  | | | | | |

1. **Program Statistics**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total clients served |  | Total active volunteers | |  |
| Referrals to other agencies |  |  | Total volunteer hours in year |  |
| Job placements made |  | Days of van operation | |  |
| Cash value, food dispersed | $ |  | Total persons screened |  |
| Cash grants made | $ | Health classes offered | |  |
| Cash value of vouchers dispensed | $ |  | Total enrollment during year |  |
| # of clothing dispersed |  | Family life education classes | |  |
| # of bedding dispersed |  |  | Total enrollment during year |  |
| # of furniture dispersed |  | Job training classes offered | |  |
| Literature distributed |  |  | Total enrollment during year |  |
| Bible study enrollments |  | Tutoring programs offered | |  |
| Family counseling sessions |  |  | Total enrollment during year |  |
| Other: |  | Bible studies offered | |  |
|  |  |  | Total enrollment during year |  |
| Other: |  | Other classes offered | |  |
|  |  |  | Total enrollment during year |  |

1. **Operations**
2. What is the regular schedule your center or program is open to the public?

Day(s) of the week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours each day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is an intake interview conducted with each client? Yes No
2. Do the intake workers have access to a copy of the current human Yes No

resources directory for your community?

1. Are case records kept on file? Yes No
2. What percentage of the clients served received a follow-up visit or phone call? \_\_\_\_\_\_\_\_\_\_\_%
3. Which agencies do you make referrals to?
4. Which agencies make regular referrals to your center or program?
5. **Program & Services**
6. Which of the following types of programs have been offered to the public during the year covered by this report?

|  |  |  |
| --- | --- | --- |
| Adopt a grandparent | Drug abuse prevention | Parenting seminar |
| Adult day care | Family camp | Phone-a-Friend program |
| Advocacy services | Family counseling | Prison ministry |
| Alcohol program | Family finance seminar | Senior citizen group |
| Bible study groups | Financial counseling | Senior citizen lunches |
| Branch Sabbath School | Food pantry | Sewing classes |
| Camping for children | Food distribution | Soup kitchen |
| Child care | Grief recovery seminar | Stop-smoking program |
| Clothing/bedding program | Health appraisals | Street ministry |
| Community surveys | Home nursing | Stress seminar |
| Cooking school | Homeless shelter | Suicide prevention |
| Counseling services | Literacy program | Support group |
| Day camp | Literature rack | Thrift store |
| Dental clinic | Marriage seminar | Transportation assistance |
| Disaster Response | Meals on wheels | Traveler’s assistance |
| Divorce recovery seminar | Medical clinic | Tutoring program |
| Domestic violence program | Newcomer ministry | Weight control program |

1. Please list other programs, services, classes, group, etc. that you offered during the year which is not mentioned in the list above (*use back of page*). Please attach any clippings, brochures or other documents that will help to record significant things accomplished during the year.
2. **Physical Plant**
3. What type of facility is the place your headquarters office or the primary location where you are open to the public as a community organization? *(Check one of the following answers.)*

|  |  |
| --- | --- |
|  | We use rooms that we share with other departments and programs in a church building |
|  | We have a storage closet in a church building, but no office or meeting room |
|  | We have a mobile unit of our own |
|  | We operate from the home of the director or some other volunteer |
|  | Our office is located in the church, but without a separate entrance of our own |
|  | Our office is located in the church, with a separate entrance |
|  | We have our own building, attached to a church building |
|  | We have our own building, detached from church, but on same lot |
|  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Is there a sign visible from the street identifying your office Yes No
2. Are the hours posted and visible from outside the building? Yes No
3. Does your office have a phone listed in the name of ACS or your agency? Yes No
4. Is there a separate/private office for intake interviews? Yes No
5. Is there a waiting room area for clients waiting for intake interview? Yes No
6. Does the director have a permanent office? Yes No
7. Is there a meeting room for classes and groups? Seating capacity\_\_\_\_\_\_? Yes No
8. How much storage space do you have use of? \_\_\_\_\_\_\_\_ square feet?
9. Does your program own any vehicle? Yes No

*If so, please check the vehicle(s) you have.*

Automobile Step Van Truck Semi-trailer

Small Van RV Semi-tractor

1. **Administration and Finance**
2. How many times did the operating board meet this year? \_\_\_\_\_\_\_\_\_\_\_\_
3. Financial statement for the year. *(If you have a prepared financial statement, you may simply attach it to this report.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Income** |  |  | **Expenditures** |  |
| Local church subsidies | $ |  | Rent or mortgage | $ |
| Donations by church members | $ |  | Utilities | $ |
| Conference subsidies | $ |  | Phone and office supplies | $ |
| Inner City Program grant | $ |  | Equipment and repairs | $ |
| Donations from non-members | $ |  | Client supplies & cash assistance given | $ |
| Grants and contracts | $ |  | Program supplies and costs | $ |
| Other | $ |  | Other | $ |
| Total | $ |  | Total | $ |