



Community Resource Assessment Questionnaire

 Stephen Ministry® Form

Name of resource _____

Address _____

Phone _____

Fax _____

Contact person at resource _____

Report submitted by _____

Date _____

A. What services does the resource provide?

(Get as much information as possible.)

B. What hours are the services available?**C. How much do the services cost?****D. Where are the services available?****E. Who is eligible for the services?****F. How does one use the services?***(continued on the next page)*

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G. If any information on the part of the care receiver is needed, what might that be?

(For example: rent receipts, proof of income, utility bills, birth certificates, family data, proof of employment, degrees. This is particularly important in dealing with government agencies. Insufficient information can lead to severe delays in receiving services.)

H. What reputation does the resource have for providing consistently good, quality services to its clients?

I. Other helpful information: