



Catholic Charities  
USA®

# 2016 Annual Survey

## SECTION ONE: AGENCY PROFILE

On this form please report statistical information for the main diocesan agency, branches, and service sites for the calendar year 2016.

Please make corrections here to the contact information we have for this agency:

1. Agency Name Agency code: **311000**  
**Catholic Charities in the Diocese of Paterson**
2. Diocese  
**Paterson**
3. Name of Person Completing Survey  
**Tom Barrett**
4. Phone Number of Person Completing Survey  
**973-777-8818 ext. 231**
5. E-mail of Person Completing Survey  
**tbarrett@patersondiocese.org**
6. Approximately how many **physical service sites** does your agency operate?
7. How many **programs** are offered by your agency?

## SUMMARY DEMOGRAPHICS OF CLIENTS RECEIVING SERVICES

**Directions:** This section is the demographic profile for the clients served by your agency and affiliates. In **Table 1**, please provide the total number of **unduplicated clients** served. Record clients by age group and by race. **Question 1, below the table, asks about Hispanic/Latino(a) ethnicity.**

(All Sum and Total fields are calculated automatically throughout the survey. You may change the calculated totals, if necessary, after you have entered the fields that are being totaled.)

Table 1. Total Unduplicated Clients (WHOLE NUMBERS ONLY FOR THIS TABLE--NO COMMAS OR DECIMALS)				
Race	Children/Adolescents (under 18)	Adults (18 to 64)	Seniors (65+)	Total Unduplicated Clients
Asian/Pacific Islander	81	8	10	99
American Indian/Alaska Native	539	21	149	709
Black/African American	2,516	2,043	664	5,223
White/European/Middle Eastern	4,566	3,727	1,099	9,392
Other or Unknown	11,125	13,527	2,518	27,170
<b>Total Unduplicated Clients</b>	<b>18,827</b>	<b>19,325</b>	<b>4,440</b>	<b>42,592</b>

1. How many of the total unduplicated clients reported in Table 1 are **Hispanic/Latino(a)**?  
**11,823**
2. How many of the total unduplicated clients reported in Table 1 are **veterans**?  
**870**
3. How many of the total unduplicated clients reported in Table 1 are receiving public assistance (including TANF, SSI, food stamps, Medicaid, etc.)?  
Please make your best effort to provide an accurate count. **11,323**
4. Estimate the total number of clients reported in Table 1 who are undocumented.  
**2,967**
5. Estimate the total number of clients reported in Table 1 who were living below the poverty line in 2015.  
**16,567**

According to the 2016 HHS Poverty Income Guidelines, poverty is \$11,880 for a family of one, \$16,020 for a family of two, \$20,160 for a family of three, and \$24,300 for a family of four.

## SECTION TWO: FINANCES

If your agency DOES NOT FILE an IRS Form 990, please record your revenue and expenses as presented in the agency's most recent financial statement(s) below, combining all information applicable to the entities included in the annual survey. Round your figures to the nearest dollar. Record each dollar received (Revenue) and each dollar spent (Expense) only once.

1. What fiscal year does your report reflect? Please indicate month and year of fiscal year end:

### I. Revenue

#### IRS FORM 990

1. CONTRIBUTIONS, GIFTS, GRANTS & OTHER SIMILAR AMOUNTS	<b>PART VIII, LINE 1h</b>		1.	<b>24,160,723</b>
1a. Federated campaigns	<b>PART VIII, LINE 1a</b>		1a.	
(A) United Way Support	██████████	(A)		
(B) Combined Federal Campaign	██████████	(B)		
1b. Membership dues	<b>PART VIII, LINE 1b</b>		1b.	
1c. Fundraising events	<b>PART VIII, LINE 1c</b>		1c.	<b>1,070,611</b>
1d. Related organizations	<b>PART VIII, LINE 1d</b>		1d.	<b>133,500</b>
1e. Total government revenue	<b>PART VIII, LINE 1e</b>		1e.	<b>20,986,205</b>
(A) Funds received from federal grants, contributions (includes funds passed through a state/county etc.)	██████████	(A)		<b>5,477,710</b>
(B) Funds received from state or local governments (not pass-through from federal)	██████████	(B)		<b>15,508,495</b>
1f. All other contributions, gifts, grants, and similar amounts not included above (formerly Community Support)	<b>PART VIII, LINE 1f</b>		1f.	<b>1,970,407</b>
(A) Corporate contributions	██████████	(A)		<b>433,410</b>
(B) Individual contributions	██████████	(B)		<b>121,000</b>
i. Bequests	i			
ii. Charitable gift annuities	ii			
iii. Other individual contributions	iii			<b>121,000</b>
(C) Foundation grants	██████████	(C)		<b>171,200</b>
(D) Diocesan and church support	██████████	(D)		<b>819,822</b>
(E) All other contributions	██████████	(E)		
<hr/>				
2. PROGRAM SERVICE REVENUE	<b>PART VIII, LINE 2g</b>		2.	<b>7,672,697</b>
(A) Direct client fees (fees for service)	██████████	(A)		<b>416,239</b>
(B) Government contracts	██████████	(B)		<b>7,159,527</b>
(C) Other third-party payments	██████████	(C)		<b>96,931</b>
<hr/>				
3. OTHER REVENUE NOT CAPTURED ABOVE	██████████		3.	<b>475,144</b>
(A) Investment income	<b>PART I, LINE 10</b>	(A)		<b>49,934</b>
(B) Unrelated business income	██████████	(B)		
(C) Other revenue:	██████████	(C)		<b>425,210</b>
<hr/>				
<b>TOTAL REVENUE (SUM OF ALL GOLD BOXES)</b>	<b>PART I, LINE 12</b>			<b>32,308,564</b>

### II. TOTAL IN-KIND CONTRIBUTIONS (Sum of A, B, and C)

II. **248,586**

(A) In-Kind (Such as volunteer services and the difference between religious salary and equivalent lay salary)		(A)	<b>19,000</b>
(B) Contributed Supplies, Equipment, and Space		(B)	<b>21,000</b>
(C) Other In-kind Contributions		(C)	<b>208,586</b>

### III. Expenses

To complete the table below, please refer to the following definitions to guide your responses. Program costs are those that can be identified specifically for a particular program, service, or activity. Fundraising costs include financial campaigns, endowment drives, solicitation of gifts and bequests, etc. Management and General costs are those that cannot be readily identified with a particular service activity. They include costs of administrative time not directly related to oversight of program operations and costs, as well as depreciation of facilities and salaries and expenses of executive, accounting, and personnel staff.

**Table 2. Expenses by Account Category**

Type of Expenses	A Program	B Fundraising	C Management and General	D Total Expenses (Horizontal)
1. Salaries and Wages	15,966,275	261,427	663,279	16,890,981
2. Benefits and Payroll Taxes	5,903,603	114,067	221,205	6,238,875
3. Direct cash assistance *				2,237,973
4. Pass-Through Funds **				
5. All Other Expenses	8,082,658	347,068	813,669	9,243,395
<b>6. Total Expenses (Vertical)</b>	<b>29,952,536</b>	<b>722,562</b>	<b>1,698,153</b>	<b>32,373,251</b>

\* The portion of your budget that is spent directly on behalf of clients for food, clothing, transportation, rent, utilities, medical/dental services, etc. (non-donated goods).

\*\* Pass-Through Funds are funds that flow through the agency, but are not considered part of the operating budget.

**IV. Assets**

1. Unrestricted net assets (as of the beginning of the most recent fiscal year): **2,438,071**
2. Unrestricted net assets (as of the end of the most recent fiscal year): **2,278,944**

**V. Specific Government Revenue by Type of Funded Activity**

In this section, please indicate the amount of government funding (round numbers) received from **ALL** government sources according to the corresponding CFDA number. Of interest is the type of governmental activity or program that this funding represents. Please add together similar funding from all levels of government and report the total on the line that best describes the programs or activities implemented.

The programs are grouped according to the relevant federal agency. Each answer could include dollars that flow directly from the federal government as well as funds from a federal program that are passed through state and local government entities or a non-profit organization such as the U.S. Catholic Conference of Bishops, an Area Agency on Aging, a hospital, the YMCA, the Salvation Army, etc. However, all funds should trace back to a Federal CFDA number. Agencies may wish to consult their Schedule of Expenditures of Federal Awards (SEFA) to complete this section.

1. Do you file a SEFA or have another list of federal funds received?  Yes  No
  - a. If "Yes," please upload your SEFA or other list of federal funds here.

**GOVERNMENT REVENUE BY FUNDING SOURCE**

FUNDING SOURCE/DESCRIPTIVE NAME OF PROGRAM	CFDA(s)	FUNDING AMOUNT
<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>	<b>CFDA(s) #93.XXX</b>	<b>(DOLLARS ONLY, NO DECIMALS)</b>
<input type="checkbox"/> Program Name		<b>8,980,046</b>
<input type="checkbox"/>		
<b>DEPARTMENT OF AGRICULTURE</b>	<b>CFDA(s) #10.XXX</b>	
<input type="checkbox"/> Program Name		<b>537,817</b>
<input type="checkbox"/>		
<b>DEPARTMENT OF HOUSING/URBAN DEVELOPMENT</b>	<b>CFDA(s) #14.XXX</b>	
<input type="checkbox"/> Program Name		<b>982,550</b>
<input type="checkbox"/>		

<b>DEPARTMENT OF LABOR</b>		<b>CFDA(s) #17.XXX</b>	
<input type="checkbox"/>	Program Name		
<input type="checkbox"/>			
<b>DEPARTMENT OF JUSTICE</b>		<b>CFDA(s) #16.XXX</b>	
<input type="checkbox"/>	Program Name		
<input type="checkbox"/>			
<b>DEPARTMENT OF HOMELAND SECURITY</b>		<b>CFDA(s) #97.XXX</b>	
<input type="checkbox"/>	Program Name		40,868
<input type="checkbox"/>			
<b>DEPARTMENT OF VETERAN AFFAIRS</b>		<b>CFDA(s) #64.XXX</b>	
<input type="checkbox"/>	Program Name		1,763,454
<input type="checkbox"/>			
<b>DEPARTMENT OF THE TREASURY</b>		<b>CFDA(s) #21.XXX</b>	
<input type="checkbox"/>	Program Name		
<input type="checkbox"/>			
<b>DEPARTMENT OF TRANSPORTATION</b>		<b>CFDA(s) #20.XXX</b>	
<input type="checkbox"/>	Program Name		
<input type="checkbox"/>			
<b>DEPARTMENT OF STATE</b>		<b>CFDA(s) #19.XXX</b>	
<input type="checkbox"/>	Program Name		
<input type="checkbox"/>			
<b>DEPARTMENT OF EDUCATION</b>		<b>CFDA(s) #84.XXX</b>	
<input type="checkbox"/>	Program Name		203,636
<input type="checkbox"/>			
<b>OTHER GOVERNMENT FUNDING</b>		<b>CFDA(s)</b>	
<input type="checkbox"/>	Program Name		
<input type="checkbox"/>			

### SECTION THREE: SERVICES

#### I. Number of Clients Receiving Services

In Table 3 below, please record the total clients that were served in each service area in 2016 by age category. **Please note that we are not requesting information on unduplicated clients between service categories.** If a client received services in multiple service areas, they should be counted and recorded in each service **area**.

**Table 3. Number of Persons Receiving Services**

Type of Service		Children/ Adolescents (under 18)	Adults (18 to 64)	Seniors (65+)	Total Persons Served
A	<b>Behavioral Health Services</b>				
	<b>1. Counseling &amp; Mental Health Services</b>	95	5,875	61	6,031
	<b>2. Addiction Services</b>	113	5,944	41	6,098
B	<b>Pregnancy Services</b>		13		13
C	<b>Adoption Services</b>				
D	<b>Refugee Resettlement Services</b>	2	6		8
E	<b>Immigration Services</b>	4	521	4	529
F	<b>Education &amp; Enrichment Services</b>	589	2,094	2	2,685
G	<b>Asset Development Services</b>				
H	<b>Community Services</b>	1,867	23,682	652	26,201
I	<b>Employment Services</b>		56	10	70
J	<b>Health-Related Services</b>	6,074	6,805	58	12,937
K	<b>Services to At-Risk and Other Specific Populations</b>	405	5,832	123	6,360

L	<b>Prepared Food Services</b>				
M	<b>Food Distribution Services</b>	3,157	3,450	742	7,349
N	<b>Housing Services</b>		1,387	49	1,436
O	<b>Supervised Living Services</b>				
	<b>1. Foster Care Services</b>				
	<b>2. Group Home Care Services</b>		52	27	79
	<b>3. Residential Care Services</b>				
P	<b>Homeless Assistance Services</b>	87	62	10	159
Q	<b>Permanent Housing Services</b>		59	15	74
R	<b>Other Basic Needs Assistance</b>				
	<b>1. Prescription Assistance</b>	4	28		32
	<b>2. Clothing Assistance</b>	3,745	5,658	1,828	11,231
	<b>3. Financial (not rent, mortgage, etc.)</b>	1,054	662	151	1,867
	<b>4. Utilities Assistance</b>	68	148	28	244
	<b>5. Transportation</b>	67	985	299	1,351
	<b>6. Additional Other Basic Needs</b>	1	896	33	930
S	<b>Disaster Services</b>				
T	<b>Other Clients Not Included Above</b>	423	371	417	1,211

## II. Data on Clients and Provided Services

Please answer each of the following questions on clients served. If your agency does not provide any of the following services, please check the box "Do not provide services," and move on to the next section of the survey.

### A. Behavioral Health Services

**1** Do not provide services

- How many behavioral/mental health sessions did your agency provide? **3,662**
- Which of these types of mental health services does your agency provide? **Check all that apply.**
  - 1** Individual counseling
  - 1** Family counseling
  - 1** Marriage/pre-marital counseling
  - 1** Group counseling
  - 1** Trauma-informed care
  - 1** Residential treatment program(s)
  - 1** Individual therapy
  - 1** Group therapy
  - 0** Partial hospitalization/day treatment
  - 1** Psychiatric medication
  - 0** Assertive community treatment
  - 0** Case management for persistent mental illness
- From which of these places do you receive referrals for your mental/behavioral health services? **Check all that apply.**
  - 1** Parish/church community
  - 1** Other programs within your agency
  - 1** Other social service providers
  - 1** Schools
  - 0** Medical professionals
  - 1** Legal authorities (i.e. police, courts)
  - 1** 211/other hotline
  - 1** Word of mouth
- Did your agency use a SOFA scale or other pre-/post-test measures for behavioral/mental health clients?  
**1 Yes 1 No** If yes, how many clients were tested? **303**
- How many clients showed a reduction of symptoms or increase in functioning (based on SOFA scale) or your own pre-/post-test measures? **173**
- How many of your behavioral/mental health clients were active military or veterans?
- Which method do you use for insurance billing: **0** Manual billing **1** Electronic billing
- How many licensed behavioral health providers does your agency employ in each category below?

FTE paid staff

Volunteers

Contractors

Psychiatrist(s)	2.		
Psychologist(s)	.		
Nurse practitioner(s)	2.		
Licensed social worker(s)	2.		
Licensed professional counselor(s)	7.		
Licensed marriage/family therapist(s)	1.		
Other: -----	22.		

**B. Pregnancy Services**

1 Do not provide services

1. Total number of clients served

	Single pregnant women	Single birth fathers	Intact families
<b>Under age 18</b>			
<b>Age 18 and older</b>	21		
<b>Total served</b>	21		

2. Please indicate the number of clients served in residential housing pregnancy programs: **43**

3. Please mark the types of pregnancy services your agency offered.

- 1 Case management
- 1 Counseling
- 1 Job training/placement
- 1 Parenting
- 1 Prenatal care
- 0 Prevention services
- 1 Testing
- 0 Other (please specify):

4. Did your agency sponsor any Abstinence Education and Promotion Programs?

**Yes 0 No 1** clients served

5. Did your agency sponsor any father involvement programs?

**Yes 0 No 1** clients served

6. Did your agency offer Project Rachel or other post-abortion ministry?

**Yes 0 No 1** clients served

**C. Adoption Services**

1 Do not provide Services

- 1. Total number of completed adoptions 1.
- 2. How many completed adoptions were infants (excluding special needs)? 2.
- 3. How many completed adoptions were considered special needs children? 3.
- 4. How many completed adoptions were inter-country adoptions? 4.
- 5. How many completed adoptions came from foster care? 5.
- 6. Please mark each service that your agency offered and indicate the number of clients served for each service:
  - 0 Adoption registry
  - 0 Adoption search
  - 0 Home-study
  - 0 Post adoption services
  - 0 Support groups

**D. Refugee Resettlement Services**

1 Do not provide services

- 1. Did your agency provide services to refugees *during* the initial resettlement period (ORR R&P/match grant)?  
**0 Yes 1 No** refugees resettled (placed with your agency)
- 2. Of these refugees served by your agency in 2016, how many have:  
 Achieved self-sufficiency within the resettlement timeframe (i.e. stable lodging and employment)?  
 Obtained employment?  
 Achieved English proficiency?
- 3. Did your agency provide services to refugees *after* the initial resettlement period (R&P/match grant)?  
**1 Yes 0 No 8** refugees served  
 If yes, mark all that apply.  
  - 0 Counseling
  - 0 Employment Training

- Interpreter Services
  - Job placement
  - Legal Services
  - Matched Savings program
  - Outreach
  - Other (please specify):
4. Does your agency provide services to undocumented minors through the URM program (ORR/MRS)?  
 Yes  No URM clients served
5. How many refugee resettlement personnel does your agency employ?  
 FTE paid staff      FTE service volunteers      Other volunteers

**E. Immigration Services**

**1** Do not provide services

- 1. How many community outreach presentations did your agency conduct? **4**
- 2. How many immigration legal consultations did your agency provide? **216**
- 3. How many of these consultations were converted to cases? **35**
- 4. Did you serve any unaccompanied alien children (UAC) in 2016? **1 Yes 0 No**  
 If yes, mark all that apply and the numbers served if possible.
  - Legal Services **2** clients served
  - Other social services clients served
  - Family Welcome Centers clients served
- 5. How many immigration resettlement personnel does your agency employ?  
 FTE paid staff      FTE service volunteers      Other volunteers
- 6. Please categorize your immigration legal services in 2015 according to this chart:

Category	Brief Description	Sample Forms	Cases initiated	Cases carried forward from prior years	Cases closed	
					Failed cases	Successful
Citizenship	Derivation, Acquisition, Naturalization	N-400, N-684, N-565	10	33	3	4
Affirmative Residence	Obtaining lawful permanent residence through adjustment of status or consular processing	I-130, I-90, I-45, I-765	14	41	1	6
Victims of Abuse	U-visa, T-visa, VAWA self-petition	I-918				
Asylum	Affirmative application for victims of persecution	I-589	3	2		
Deferred Action	Temporary work authorization for youth meeting certain military or educational requirements	I-821D	3	12		
Waiver	Petitions for forgiveness of certain inadmissibility grounds	I-912, I-601, I-601A	3	28		
Removal Proceedings	Deportation proceedings		5			
Other Services	Additional services not categorized above		251	22		7

**F. Education and Enrichment Services**

**>1** Do not provide services

- 1. If your agency sponsored Head Start, Early Head Start, or Head Start-like programs, please indicate the programs provided, the number of **sites** you have, and the number of **children** served in each:
  - Head Start Sites      children served
  - Early Head Start Sites      children served
  - Head Start-like programs **5** Sites      **904** children served
- 2. If your agency provides child day care services, how many child day care slots were available **per day**. **396**
- 3. How many children received child day care services?  
 Infants (0 - 23 mos.) children served  
 Toddlers & Pre-schoolers (2 - 5yrs) **629** children served
- 4. Does your agency provide before/after school care or programming (school age; ages 6+)?  
**1 Yes 1 No**  
 Please mark any of the following **special child care services** that your agency provides.
  - Evening, night, weekend care **1** Sick care

Respite care

Transportation

5. Did your agency provide any mentoring services for at-risk youth?

**Yes 1 No 0** 122 clients served

6. Did your agency sponsor any Marriage Promotion and Strengthening Programs?

**Yes 1 No 1** 12 clients served

7. Did your agency sponsor any high school dropout prevention services?

**Yes 0 No 1** clients served

8. Did your agency provide GED services?

**Yes 1 No 1** 260 clients served 6 clients achieving GED

9. Did your agency provide any ESL or VESL services?

**Yes 1 No 1** 95 clients served

10. Did your agency provide any vocational post-secondary education services?

**Yes 0 No 1** clients served clients receiving post-secondary degree/certificate

11. Did your agency partner with Community Colleges for any post-secondary education services?

**Yes 0 No 1**

**G. Asset Development Services**

**1** Do not provide services

1. Did your agency provide any **financial coaching** services?

**0 Yes 0 No** clients served

2. Did your agency provide any **financial literacy** services?

**0 Yes 0 No** clients served

3. Did your agency provide any matched savings programs (IDAs)?

**0 Yes 0 No** clients served

4. Did your agency help clients connect with tax assistance (EITC/VITA)?

**0 Yes 0 No** clients that accessed EITC through agency efforts

5. Did your agency operate its own VITA site?

**0 Yes 0 No** clients served

6. Did your agency provide any micro loan or small business programs?

**0 Yes 0 No** clients served

7. Is your agency active in combatting predatory lending in your community (e.g., providing an alternative for clients, working in coalition)?

**0 Yes 0 No** If Yes, please describe:

8. Does your agency operate a lending circle?

**0 Yes 0 No** clients served

9. Does your agency partner with any financial institutions (e.g., banks, credit unions)?

**0 Yes 0 No** If Yes, please describe: -----

**H. Community Services**

**1** Do not provide services

1. Please mark any of the following services provided, and the number of **sites** for each.

**1** Summer camps **1** sites

**1** Family/Community centers **2** sites

**1** Senior centers **1** sites

**1** Other (please specify): **1** sites

**I. Employment Services and Workforce Development**

**1** Do not provide services

Of the **total number of people** that received employment services from your agency in 2015:

1. How many have achieved full-time employment?

2. How many are employed above minimum wage? **17**

3. How many achieved a new certification or credential through your services?

4. Please mark the specific populations to which your agency targeted employment services and indicate the total number of clients served.

Senior Employment Programs

Welfare-to-Work Programs

Youth Job Programs

**1** Sheltered Workshops/Employment Programs for the Disabled



- Veterans
  - Entrepreneurial Programs
5. Please mark the kinds of employment services that your agency provided:
- Employment training (i.e., specific skills and apprenticeship)
  - Interview skill training
  - Job readiness (i.e., soft skills)
  - Job search
  - Mentoring programs
  - Resume development skills training
  - Other:
6. Does your agency provide vocational training?  Yes  No
7. How many of your vocational training programs provide an industry recognized certificate?  
Programs

**J. Health-Related Services**

Do not provide services

1. Please mark any of the following health-related services offered by your agency and the total number clients served.

- Caregiver support groups
- Dental clinic 18
- Health clinic 1,022
- Health related support groups 180
- HIV/AIDS services 754
- Home health services
- Hospice
- Intermediate care facility
- Memory loss/dementia
- Parish nurse
- Skilled nursing facility
- Other (please specify)

2. How many low-income children did your agency assist in health insurance enrollment in these programs:

- CHIP
- Medicaid 26
- Other program

3. How many adults did your agency assist in health insurance enrollment? **785**

**K. Services to At-Risk Populations**

Do not provide services

1. Please indicate if your agency offered **specific programs** for any of the following special populations. **Do not count those for whom you provide services but do not have a program.** Mark all that apply and indicate the numbers of clients served by each.

- Gangs
- Juvenile offenders
- Prisoners/ex-offenders
- Families of prisoners
- Victims of crime
- Migrant workers 5,000
- Seniors 324
- Children at risk of abuse/neglect 79
- People with physical disabilities 61
- Veterans 258
- Military families
- Victims of international trafficking
- Victims of domestic trafficking (sexual exploitation)
- Domestic violence survivors
- Victims of sexual abuse

2. Please mark any of the following services that your agency provided to **seniors**.

- Adult day care
- Caregiver support

- Case management
- Chore services
- Counseling
- Guardianship for seniors
- Homemaker services
- Home repair
- Legal services
- Ombudsman
- Respite care
- Services for seniors who are homebound
- Transportation
- Senior centers
- Victims of elder abuse
- Other (please specify):

**L. Prepared Food Services**

Do not provide services

1. In each of the following prepared food services, please report the total number of sites, meals, and clients, as indicated.

<input checked="" type="checkbox"/> Congregate dining (includes soup kitchens)	<b>5</b> sites	<b>239,144</b> meals	clients
<input type="checkbox"/> Home delivered meals		meals	clients
<input type="checkbox"/> After school meals	sites	meals	kids
<input type="checkbox"/> Summer lunch program	sites	meals	kids
<input checked="" type="checkbox"/> Child and adult care food program (CACFP)	<b>4</b> sites	<b>168,100</b> meals	

**M. Food Distribution**

Do not provide services

1. In each of the following food distribution services, please indicate the **total number of sites** providing these services. (Other food distribution services include government bulk food distribution, donated food, SHARE, Second Harvest, food co-ops, and vouchers.)

(A) Food banks (i.e., solicit, store, and distribute food to other facilities)	sites	clients
(B) Food pantries (i.e., distribute food directly to low-income individuals)	<b>3</b> sites	<b>50,939</b> clients
(C) Other food distribution services	sites	clients

2. Please estimate the total number distributed: **88,979** food bags/boxes:  
**1,159,844** pounds of food

- 3. Are any of your food distribution sites "client choice"?  Yes  No
- 4. Does your agency offer medically tailored food packages/meals (e.g. for diabetics)?  Yes  No
- 5. Does your agency sponsor any community gardens?  Yes  No gardens
- 6. Does your agency provide any healthy eating education?  Yes  No **452** clients
- 7. How many adults did your agency assist in SNAP enrollment? clients

**N. Housing Services**

Do not provide services

1. How many rental assistance payments did your agency provide to help clients stay in their homes?

**876** Total number of payments **1,168,596** Total dollar amount of payments

2. Please mark any of the following services offered by your agency.

- Building material banks
- Case management
- Energy conservation/weatherization
- Foreclosure counseling
- Home mortgage assistance
- Home repair
- Housing counseling
- Housing search and information
- Rental assistance
- Other (please specify):

**O. Supervised Living**

Do not provide services

- 1. Does your agency provide supervised living for developmentally disabled?  Yes  No
- 2. Does your agency provide assisted living services?  Yes  No
- 3. Does your agency offer Continuing Care Retirement Community (CCRC) services?  Yes  No
- 4. Does your agency provide supportive housing for persons with serious mental illness?  Yes  No



**R. Other Basic Needs Assistance - No additional questions for this section**

**S. Disaster Services**

1. If a disaster event occurs in your community, does your agency provide disaster services?  
**1 Yes 1 No**
2. Indicate which of these types of disaster services your agency provided in 2016:  
 Response (i.e., feeding, sheltering, client intake, gift card distribution)  
 Recovery (i.e., housing assistance, home repair, disaster case management)  
 Preparedness (i.e., disaster education or other preparedness activities)  
 Hazard Mitigation (i.e., strengthening vulnerable/poorly constructed homes, utility elevation, community planning)  
**1 Our agency did not provide disaster services in 2016**
3. Did your agency receive any funding other than CCUSA Disaster Grant funding for any of the disaster services you provided in 2016? **0 Yes 1 No**
4. Does your agency create a summary, such as an Annual Report, of its disaster services?  
**0 Yes 1 No**
5. Which of the following dedicated resources does your agency have access to for providing disaster services?  
 No dedicated resources for disaster services  
**1 Access to a "rainy-day" emergency fund**  
**1 Financial donations and/or financial resources**  
**1 In-kind donations**  
 Full-time or part-time staff dedicated to disaster services  
**1 Volunteers**  
**1 Local parish engagement**
6. Is your agency part of a local/regional VOAD (Volunteer Organizations Active in Disaster) group?  
**0 Yes, as a leader 1 Yes, as a member 1 No**

**T. Other Clients Not Included Above**

1. What programs and services were you unable to categorize in our other categories? (We will use this to refine our categories for future surveys)

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**III. Other Agency Program/Services Information** **1 Questions not applicable**

1. Does your agency provide comprehensive benefit screening? **0 Yes 1 No**
2. Please provide information on any **new** services or programs that your agency developed or implemented in 2016.  
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3. Please provide information on any discontinued services or programs in 2016. Please also indicate the reason that best describes why the service or program was discontinued.  
-----
4. Please identify which of these programs or services for which your agency maintained a waiting list or had to turn people away (**other than adoption services**) as well as an **estimate** of the number on waiting lists or turned away.  
 Adult day care  
 Child care  
 Licensed behavioral health  
 Dental care  
 Emergency assistance (e.g., food, shelter, utilities, rent)  
 Health care  
 Housing/Shelter  
 Immigration services  
 Senior services  
**1 Other. Please provide an example of unmet need in a program:**
5. Please identify any programs or activities that your agency was involved with that deal with climate change or positively

impacting the environment.

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6. Please identify the key partner organizations your agency is working with in the Catholic community. Mark all that apply.

- Catholic colleges/universities
- Catholic schools: PreK-12
- Religious congregations
- Catholic Campaign for Human Development
- Other. Please specify:
- Catholic hospitals
- Ladies of Charity
- St. Vincent De Paul

7. Which of the following other key partner organizations does your agency work with on a regular basis?

- American Red Cross
- Area Agency on Aging
- Chamber of Commerce
- Feeding America
- Goodwill Industries
- Habitat for Humanity
- Lutheran Social Services
- Other. Please specify:
- Non-Catholic colleges/universities
- Public schools: PreK-12
- Salvation Army
- United Way
- Volunteers of America
- YMCA/YWCA

8. A social enterprise is a revenue generating business venture that also advances a positive social mission. In the Catholic Charities network, these are typically focused on providing direct employment opportunities for clients and/or providing an important service or product (such as housing, healthcare, food, or transportation) which benefits vulnerable populations within the community. Although the social enterprises in our network are directly owned and managed by agencies, a number of agencies also provide direct entrepreneurship training and microfinance to enable clients who wish to start their own small businesses. Does your agency have any programs that fit the description of a social enterprise? If yes, please describe:

Enterprise Name	Year of Launch	Number Employed	Annual Revenue

9. What is the greatest obstacle your agency faces in its efforts to reduce poverty in the communities it serves?

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10. In your opinion, which program of your agency is most effective in reducing poverty? Please provide a brief description of the program, its cost to your agency in terms of financial and human resources, the number of clients served per year, and how you measure the success of the program.

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11. What program or service would your agency provide or enhance if you had access to the capital?

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### SECTION FOUR: PERSONNEL

#### I. Paid Staff

Do not have paid staff

- 1. In FTEs (full-time equivalent staff people), how many total staff does your agency employ? **550**.
- 2. Has your agency implemented a policy to ensure a living wage for all staff?  Yes  No
- 3. Is someone in your agency responsible for Evaluation and Quality Improvement?  Yes  No
- 4. If yes, please provide their name, title, and contact information: -----

For each of these categories of paid staff, please report the number of full-time, part-time, and total number of paid employees in your agency. **Note: the number of part and full time employees should equal the total number of employees.**

In addition, on the right side of the table please identify the number of people in each of the employment categories according to their race or ethnicity, and identify how many in each employment category are women, veterans, and/or disabled persons.

Professional program staff includes individuals who use their practice, knowledge and skills to provide client services (e.g. social workers, case managers, etc.). Paraprofessional program staff includes individuals with specialized knowledge and technical training who work closely with and are supervised by a professional (e.g. social worker associates, caseworker aides, and physician assistants).

**Table 5. Staffing by Position Level**  
(WHOLE NUMBERS ONLY FOR THIS TABLE--NO COMMAS OR DECIMALS)

Position Level	Full-time	Part-time	Total	Race					Other			
				American Indian/Alaska Native	Asian, Native Hawaiian, or Pacific Islander	Black or African American	White	Other	Hispanic/Latino Ethnicity (any race)	Women	Veterans	Disabled Persons
Executive Level Positions	6		6			1	3	1		1		
Director Level Positions	43		65		3	7	43	1	11	25		
Program Level Positions	97	16	173		8	46	55	2	62	82		
Administrative Support Positions	28	4	138		7	20	39		72	23		
Support Service Staff	122	40	226		1	50	54		56	59		
Other Paid Staff		26	28		2	12	10		4	16		
<b>Total Paid Staff</b>	<b>294</b>	<b>86</b>	<b>636</b>		<b>21</b>	<b>136</b>	<b>204</b>	<b>4</b>	<b>205</b>	<b>397</b>		

**Executive Level Positions include:** Diocesan Director/Chief Executive Officer/President/Executive Director/Administrator/ Chief Operating Officer/Vice-President/Assistant Executive Director/Chief Financial Officer/Chief Program Officer/  
**Director Level Positions include:** Controller/Director of Communications/Public Relations/Marketing/Director of Development/ Director of Diversity/Racial Equality/Director of Quality Improvement/Evaluation/Research/ Director of Human Resources/Director of Management Information Services/Systems Administrator/Directors of Parish Social Ministry/Regional and Divisional Directors/Program/Department/District Directors  
**Program Level Positions include:** Program Supervisors/Program Professional and Paraprofessional Staff. Also include in this category Professional Consultants/Contractors  
**Administrative Support Positions include:** Administrative Staff (Finance, Human Resources, Technical Support, etc.)/Executive Assistants, Secretaries and Clerical Staff  
**Support Service Staff include:** Drivers, Cooks, Custodial, etc.

**II. Volunteer Staff** 0 Do not have volunteers

Volunteers are unpaid staff who contribute services to Catholic Charities. Please indicate in Table 6 the characteristics of your agency's volunteers.

**Table 6. Characteristics of Volunteer Staff**  
(WHOLE NUMBERS ONLY FOR THIS TABLE--NO COMMAS OR DECIMALS)

Male	Female	Total Volunteers	Race or Ethnicity of Volunteers					
			American Indian/Alaska Native	Asian, Native Hawaiian, or Pacific Islander	Black or African American	Hispanic or Latino	White	Other
732	868	1,600		13	35	191	367	23

1. What is your best estimate of the total number of hours these volunteers spent in the past year engaged in volunteer work?

68,292

2. How often do you update your volunteer database?  
 No Database  Never  Once a year  Twice a year  Once a quarter
3. Does your agency have a coordinator or director of volunteers?  Yes  No
4. Does your orientation for volunteers include a module on Catholic identity and mission?  
 Yes  No
5. Does your agency have former clients who now assist as volunteers?  Yes  No
6. If yes, how many? **9**
7. Does your agency use skilled volunteers\*?  Yes  No

\*Skilled or skills-based volunteering is the practice of using work-related knowledge and expertise in a volunteer opportunity. In other words, skills normally used to generate income are provided free of charge to a nonprofit organization. Examples of skilled volunteering include teachers volunteering as tutors, nurses volunteering at a free clinic, or tax specialists helping low income individuals review eligibility for the earned income credit.

8. If your agency participated in the Corporation for National Service, please mark the programs in which you participated and the number of volunteers for each.
  - AmeriCorps volunteers
  - VISTA volunteers
  - Retired Senior Volunteer Program volunteers
  - Foster Grandparent Program volunteers
  - Senior Companion Program volunteers

**III. Board Members**

Do not have a board

Table 7. Characteristics of Board								
(WHOLE NUMBERS ONLY FOR THIS TABLE--NO COMMAS OR DECIMALS)								
Male	Female	Total Board Members	Race or Ethnicity of Board Members					
			American Indian/ Alaska Native	Asian, Native Hawaiian, or Pacific Islander	Black or African American	Hispanic or Latino	White	Other
26	11	37			2	1	25	

1. How many current or former clients serve as board members? **1**
2. Does the board orientation include a module on Catholic identity and mission?  
 Yes  No
3. Do you have a Junior Board?  Yes  No

**SECTION FIVE: CATHOLIC CHARITIES MISSION & CATHOLIC IDENTITY**

**I. Parish Engagement and Parish Social Ministry Programs**

The following questions create a distinction between parish engagement and parish social ministry programs. In this survey, we define parish engagement as the myriad ways that agencies and parishes work together. We define parish social ministry programs as the support that Catholic Charities provides to a parish to develop its own response to need and injustice. A parish social ministry program is therefore a component of a parish engagement.

1. Is your agency building parish engagement?  Yes  No
2. If yes, what are the functions of your agency's parish engagement?
  - Coordinating volunteer opportunities for parishioners or parish groups
  - Coordinating a referral line specifically for people seeking services from parishes
  - Parish social ministry
    - Development (soliciting funds from the parishes)
    - Dispersing emergency assistance through parishes
    - Providing services at parish sites
    - Designating individuals at parishes representative to serve as agency representatives ("Ambassadors")
3. Is there a dedicated staff member whose time is devoted to parish engagement?  Yes  No
4. If Yes, please list the person's title, name, and contact information.

-----  
5. Is your agency responsible for leading any of these areas of ministry for your diocese? **Check all that apply.**

- Social Action/Justice and Peace
- Catholic Relief Services
- Family Life
- Migration and Refugee Services
- Catholic Campaign for Human Development
- Pro-Life Activities

6. Does your agency have a representative actively engaged in official activities of your local diocese (e.g., major liturgies and convocations, deanery meetings, priest council meetings, and/or associations of school principals, directors of religious education, youth ministers)? **1 Yes 1 No**

7. Does your agency have a representative active in leadership structures of your local diocese (e.g., Bishop's senior staff, Diocesan Liturgical Council, Diocesan Pastoral Council)? **1 Yes 1 No**

8. Where are the social ministry efforts coordinated in your diocese? **Please check only one.**

- Catholic Charities
- Diocesan Office
- Catholic Charities and the Diocesan Office share responsibility
- No Existing Office

Answer the following questions in this section if you have a **Parish Social Ministry (PSM) program.**

9. Which of the following does your PSM program engage in? Check all that apply.

- Educating parish leaders on parish social ministry and its importance
- Facilitating networking between parish-based social ministry staff and volunteers for best practices sharing and problem solving
- Providing leadership development training for parish-based social ministers
- Educating on the Catholic social teaching and current social justice issues
- Collaborating with the St. Vincent De Paul Society
- Promoting global solidarity, potentially through Catholic Relief Services
- Coordinating Catholic Campaign for Human Development efforts or promoting community organizing and economic development
- Promoting community organizing and economic development
- Coordinating pro-life/respect life ministries
- Coordinating legislative advocacy
- Coordinating parish involvement in JustFaith or other formation activities

## II. Mission and Catholic Identity

1. Who in your agency is most responsible for overseeing Catholic identity? **Please check only one.**

- Mission/Catholic identity staff person
- Agency Executive Director
- Human Resources Director
- Other. Please specify:

2. How much of this person's staff time is devoted to executing Catholic identity programming?

- A little (Less than 25%)
- Some (25-50%)
- A lot (51-75%)
- Most or all (76-100%)

3. Does your agency have a plan to promote Catholic identity? **1 Yes 0 No**

4. Please indicate which of these your agency does to promote its Catholic identity. **Check all that apply.**

- Have a completed assessment of its Catholic identity
- Provide an orientation for new employees on Catholic identity
- Provide ongoing training for employees on Catholic identity
- Encourage a prayerful work environment, including regular prayer at meetings and the distribution of seasonal reflections (such as Advent, Lent, and holidays)
- Display the Catholic identity of the organization through art and ambience of facilities
- Display the Catholic identity of the organization in marketing to external audiences
- Encourage a standard of client and team interaction that reflects the sacredness of life and the dignity of the human person
- Engage your local bishop through encouraging his financial support, engagement with programs, and



meetings with your board and/or executive director

5. Has your agency adopted a Code of Ethics? **1 Yes 0 No**
6. If yes to item 5, is this the Catholic Charities USA Code of Ethics? **1 Yes 0 No**
7. If yes to item 5, has your agency **adapted** the CCUSA Code of Ethics? **1 Yes 1 No**
8. In the past year, which of the following Catholic Charities USA resources has your agency accessed?
- The Vocation of the Trustee
  - Catholic in Charity and Identity*
  - Code of Ethics



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