# Social Services Accreditation Review

## Ministry Unit Profile

#### Contact Information

Ministry unit name:

Division:

Street & mailing address (main location):

Telephone Number:

Fax Number:

Unit leader name:

Length of time in appointment:

#### Site

Oversight by corps? Yes [ ]  No [ ]

Single or multiple sites? Single [ ]  Multiple [ ]

Number of sites:

#### Vehicles

Number of vehicles:

Program vehicle(s): [ ]  Commercial vehicle(s): [ ]  Both: [ ]

#### Staffing

Unionized? Yes[ ]  No [ ]

Number of employees:

Number of FTE:

Number of volunteers:

#### Finances

Total budget for ministry unit:

Operating deposit account balance:

Capital account balance:

#### Involvement with Community Associations

|  |  |  |
| --- | --- | --- |
| Name of community association(e.g.: professional association, planning network, service association, inter-agency group, etc) | Type of involvement(e.g.: member, chair, board member, etc) | Staff person involved |
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# Resources

We in the Social Mission Department are striving to collect resources to support social service units who are seeking guidance on specific practices. The information provided during the accreditation will be shared among the territory. If you are not comfortable with this, please let the accreditation team know.

#### Please select which, if any, resources you consent to sharing below.

I **do not** consent to sharing **any** **resources** [ ]

I consent to sharing **all resources** listed below [ ]

I consent to sharing **policies and procedures** [ ]

I consent to sharing **blank forms** (intake, assessment, discharge, etc.) [ ]

I consent to sharing **employee handbook** [ ]

I consent to sharing **client handbook** [ ]

I consent to sharing **pamphlets or brochures** [ ]

I consent to sharing **strategic plan** [ ]

I consent to sharing **position descriptions** [ ]

I consent to sharing **blank program evaluation tools** (surveys, etc.)

I consent to sharing **results of program evaluation** (action plan, data, etc.) [ ]

I consent to sharing our **program plan** [ ]

**Please note any exceptions or additional notes here:**

# Program Profiles

Please fill in a separate Program Profile for each program in a ministry unit. Copy and paste an additional program profile for each program.

For Community and Family Services, please combine all of your services under 1 program profile.

## Program 1

|  |
| --- |
| Name of program:       Program lead:      Description of program:      Street & mailing address (if different from main location):      If program operates at multiple sites please list each street address:  |
| Building:Rented: [ ] Owned: [ ]  |
| Target population:      Hours of operation:      Number of residential beds:      Number of employees:      Number of FTE:      Number of volunteers:       |

|  |  |  |
| --- | --- | --- |
| Funding sources(eg: Red Shield, self-pay, government contract (specify), United Way, etc) | For which service | Amount |
|       |       | $       |
|       |       | $       |
|       |       | $       |
|       |       | $       |
|       |       | $       |
| Total program budget | $       |