

Do You Know Your Practice Community?

Community Based Social Resources	Personal Knowledge?		Established Partnership/Relationship?		Comments
	Yes	No	Yes	No	
Housing					
Homeless Shelter?					
Transitional Housing Services?					
Clothing and Furniture Banks?					
Subsidized Housing?					
Food					
Food Banks?					
Supermarkets?					
Farmer's Markets?					
Community Gardens?					
Transportation					
(Is your practice site accessible by public transit)					
Bus Route?					
Subway/Trains?					
Pedestrian Walkways?					
Transportation for disabled?					
Jitney?					
Family Supports					
Child Care?					
Caregiver Resources?					
Social Service Offices?					
Legal Aide Offices?					
Local Government?					
Religious Organizations?					
Charitable Organization?					
Community Outreach?					
Libraries with Open Access Computers?					
Parks/Playgrounds?					
Community Based Health Resources					
Hospitals?					
Urgent Care Centers?					
Federally Qualified Health Centers?					
Primary Care Providers?					
Dental Providers?					
Rehabilitative Services (PT/OT/ST)?					
Mental Health Services/Providers?					
National Alliance on Mental Health (NAMI)?					
Addiction Services/Detox?					

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	Yes	No	Yes	No	
Skilled Nursing Homes?					
Home Hospice?					
Inpatient Hospice?					
Local Health Department?					
Disability Services?					
Area Health Education Services?					
Pharmacies?					
Emergency Medical Services?					
Veterans Organizations?					
Ryan White Programs? (HIV Related Services)					
Community Leadership					
Hospice?					
Long Term Care?					
Housing?					
Homeless Shelter?					
Transitional Housing Services?					

In three sentences or less, please describe the community in which you practice.
