



## Partner Organization Service Commitment Form

Please use this form to indicate the services and resources your organization will be providing as a partner with Alive & Thrive Wyandotte County.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Website: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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### Service Domain Commitments

Please place a check mark next to services or resources your organization will be providing as a partner with Alive & Thrive Wyandotte County.

- |                               |  |
|-------------------------------|--|
| _____ 1. Identification cards | _____ 15. Parenting skills                     |
| _____ 2. Birth certificates   | _____ 16. Mental health counseling -- children |
| _____ 3. Bus passes           | _____ 17. Mental health counseling -- adults   |
| _____ 4. Furniture            | _____ 18. Mental health counseling -- families |
| _____ 5. Food                 | _____ 19. Faith                                |
| _____ 6. Clothing             | _____ 20. Child care                           |
| _____ 7. Utility assistance   | _____ 21. Car repairs                          |
| _____ 8. Eviction assistance  | _____ 22. Domestic violence assistance         |
| _____ 9. Security deposit     | _____ 23. Income                               |
| _____ 10. Rent                | _____ 24. Children's education                 |
| _____ 11. Utility deposit     | _____ 25. Adult vocational training            |
| _____ 12. Legal – Immigration | _____ 26. GED classes                          |
| _____ 13. Legal               | _____ 27. ESOL adult classes                   |
| _____ 14. Employment services | _____ 27. Adult higher education               |

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- \_\_\_\_\_ 28. Instructor – Housing 101
- \_\_\_\_\_ 29. Instructor – Personal Finance 101
- \_\_\_\_\_ 30. Instructor – Employment 101
- \_\_\_\_\_ 31. Instructor – Healthcare 101
- \_\_\_\_\_ 32. Instructor – Nutrition 101
- \_\_\_\_\_ 33. Instructor – Trauma-Informed Parenting

Other Services and/or Resources: **Please specify** other services or resources your organization will provide as an Alive & Thrive Wyandotte County partner. **Please print clearly.**

\_\_\_\_\_ 34. Other: \_\_\_\_\_

\_\_\_\_\_ 35. Other: \_\_\_\_\_

\_\_\_\_\_ 36. Other: \_\_\_\_\_

**Please be specific** about the services and/or resources your organization will provide as part of Alive & Thrive. Be sure to note any limitations (for instance, will provide \$500 per month in utility assistance, will provide up to \$1,000 per month in car repairs, will provide 20 hours of mental health counseling, etc.).

Contact Name for Client Services: \_\_\_\_\_

Contact Phone for Client Services: \_\_\_\_\_

Best Time for Clients to Make Contact for Services: \_\_\_\_\_

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Please submit form to Chandra Green at [chandra.green@wyandotbhn.org](mailto:chandra.green@wyandotbhn.org)