



ROA

THE REFUGEE ORGANIZING IN ACTION NETWORK



Refugee Resource Book

Service and Program Resources for
Refugees

Sponsored by:

Refugee Organizing in Action Project

Introduction

This booklet is designed to help the refugee community understand services and programs provided by local agencies in Georgia. Refugee Organizing in Action recognized all local resettlement agencies and other refugee service agencies who participated in compiling the information for this project.

Refugee Organizing in Action Project
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Resettlement Agency Name: Catholic Charities Atlanta—Family Enrichment Services

Street Address: 5238 Peachtree Road

City: Chamblee

State: Georgia

Zip Code: 30341

Phone Number: 770-790-3112

Email: pmartinezz@archatl.com

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|---|--|--|---|
| Housing Counseling Program Homebuyer Education | Consumers, regardless of income, age or ethnicity, may be intimidated by the home buying process. In-depth education and training prepares consumers – emotionally and financially – for the commitment and investment of buying a home, generally the largest purchase they will ever make. | Refugee Yes Asylees Yes Immigrants Yes Other <input type="checkbox"/> | Anyone trying to purchase a home and able to qualify for a mortgage loan. |
| | | | |
| # of slots available per year As much as needed in the community | Process/How to Access Services The Homebuyer Education Seminars are scheduled through the year. Potential clients need to call our intake number at 770-790-3112 to be included in the waiting list. | Fiscal Program Year (October-September) | Refugee Status: (please check one) Anyone trying to purchase a home and able to qualify for a mortgage loan. Translations Provided (also tribal languages): No Child Care Provided: No Transportation Provided: No Safe Space For Women: Yes Program Access/Women with Language Barrier: No |

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|---|---|--|--|
| Housing Counseling Program Foreclosure Intervention | Assess homeowners' circumstances and explain mortgage options. Negotiate with the lender/servicer when appropriate. Provide referrals to resources for other needs/services. | Refugee Yes Asylees Yes Immigrants Yes Other <input type="checkbox"/> | Homeowner's facing financial difficulties in making their mortgage payments. These services are for primary residencies only. |
| | | | |
| # of slots available per year As much as needed in the community | Process/How to Access Services These services are delivered by appointment only and on a one-on-one counseling session. Potential clients need to call our intake number at 770-790-3112 to schedule an appointment with one of our certified counselors. | Fiscal Program Year Example (October-September) | Refugee Status: (please check one) Homeowner's facing financial difficulties in making their mortgage payments. Translation Provided (also tribal languages): No Child Care Provided: No Transportation Provided: No Safe Space For Women: Yes Program Access/Women with Language Barrier: No |

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Street Address: 5238 Peachtree Road

City: Chamblee **State:** Georgia **Zip Code:** 30341

Phone Number: 770-790-3112 **Email:** pmartinezz@archatl.com

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|---|--|---|--|
| Housing Counseling Program Savings Match Program- Individual Development account IDA | (IDA) is a matched savings account that enables low-income refugee families to save, build assets, and enter the financial mainstream. IDAs supplement the savings of low-income households with matching funds drawn from the Office of Refugee Resettlement. | Refugee Yes Asylees Yes Immigrants No Other <input type="checkbox"/> | Refugees, Asylees, and Cuban/Haitian entrants. Participants must be in the U.S. for at least 7 months, but less than 3 years. Participants must be employed and meet household income requirements. |
| | | | |
| # of slots available per year 37 households | Process/How to Access Services Potential clients must attend the IDA orientation, and then schedule an appointment with our certified counselors. | Fiscal Program Year (October-September) | Refugee Status: (please check one) Refugees, Asylees, and Cuban/Haitian entrants. Translation Provided (also tribal languages): N/A Child Care Provided : No Transportation Provided : No Safe Space For Women: Yes Program Access/Women with Language Barrier: No |

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City: Chamblee **State:** Georgia **Zip Code:** 30341

Phone Number: 770-790-3112 **Email:** pmartinezz@archatl.com

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|--|--|--|--|
| Housing Counseling Program Financial Literacy Education | The seminar provides basic financial information on understanding how to manage money, how to create a personal budget and how to live within your means to create opportunities for financial growth. | Refugee Yes Asylees Yes Immigrants Yes Other <input type="checkbox"/> | Anyone |
| | | | |
| # of slots available per year As much as needed in the community | Process/How to Access Services The Financial Education Seminars are scheduled through the year. Potential clients need to call our intake number at 770-790-3112 to be included in the waiting list. | Fiscal Program Year (October-September) | Refugee Status: (please check one) Anyone Translations Provided (also tribal languages): No Child Care Provided : No Transportation Provided : No Safe Space For Women: Yes Program Access/Women with Language Barrier: No |

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City: Chamblee

State: Georgia

Zip Code: 30341

Phone Number: 770-790-3112

Email: pmartinezz@archatl.com

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|---|--|--|---|
| <p>Refugee Parenting Program -Orientations to the American School System -Information Sessions about relevant topics (bullying, standardized testing, higher education, anger management, internet safety, etc.) -School-related casework (communication with schools/teachers, transportation to any school-related event, etc.) -Trainings for any group starting an ESL Program for refugees -Summer Camp for refugee children</p> | <p>To support newly arrived refugee parents as they navigate American Schools.</p> | <p>Refugee Yes Asylees Yes Immigrants <input type="checkbox"/> Other <input type="checkbox"/></p> | <p>Women <input type="checkbox"/> Man <input type="checkbox"/> Children <input type="checkbox"/> Elderly <input type="checkbox"/> Parents of School-aged children K-12: Yes</p> |
| <p># of slots available per year n/a for parents</p> | <p>Process/How to Access Services Contact Kate Walker (770-790-3109) or kwalker@archatl.com.</p> | <p>Fiscal Program Year Example (October-September) August -August</p> | <p>Refugee Status: (please check one) 3 years or less Translation Provided (also tribal languages): Yes Child Care Provided : On a case by case basis Transportation Provided : Yes Safe Space For Women: Yes Program Access/Women with Language Barrier: Yes</p> |

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State: Georgia

Zip Code: 30341

Phone Number: 770-790-3112

Email: pmartinezz@archatl.com

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|---|---|---|--|
| <p>Pregnancy & Parenting education & counseling program conducted in the home at no cost within 7 counties in the Atlanta Metro Area. Outpatient Mental Health Counseling Services are sliding fee scale service determined by family income. Services provided in the Chamblee office, or in the community. We are located in over 19 Catholic Parishes in different locations.</p> | <p>Services are for pregnant or parenting families with an infant to help parents make positive, long term plans for their child and themselves and prevent child abuse and neglect by educating, counseling, case management and information and referral. Services address issues of depression, family & marital discord, addictions, anxiety, sibling conflict, parent child relationships, adolescent issues and grief and loss. Specialize in Play Therapy for young children and Trauma Care for children who are victims of abuse</p> | <p>Refugee <input type="checkbox"/> Asylees <input type="checkbox"/> Immigrants: Yes Other: Yes- Low income</p> | <p>Women: Yes – both programs Man Yes – both programs Children – mental health services only Elderly – mental health services only</p> |
| | | | |
| <p># of slots available per year - Average of 45 families a year in both Pregnancy & Parenting services - Average of 1,140 individuals for outpatient mental health counseling services</p> | <p>Process/How to Access Services All services are started by contacting our intake lines: Pregnancy and Parenting services you call: 404-885-7275 Outpatient Mental Health Counseling Services you call: 404-733-3527</p> | <p>Fiscal Program Year Example (October-September) CCA’s fiscal year is from July to June</p> | <p>Refugee Status: (please check one) 0-5 years <input type="checkbox"/> More than 5 years <input type="checkbox"/> Translation Provided (also tribal languages): Yes <input type="checkbox"/> No <input type="checkbox"/> Only Spanish and English Child Care Provided : No Transportation Provided : No (parenting/pregnancy services provided in-home) Safe Space For Women: Yes Program Access/Women with Language Barrier: No</p> |

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Phone Number: 770-790-3112 **Email:** pmartinezz@archatl.com

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|---|---|--|---|
| Immigration Legal Services | To provide legal services related to various immigration issues at low cost to those in need. Services include assistance with adjustment of status applications, relative petitions, immigration court representation, citizenship applications, etc. | Refugee YES Asylees YES Immigrants YES Other | Women YES Man YES Children YES Elderly YES |
| # of slots available per year Depends on need. Appointments are made on a first come, first-served basis. There are 60 slots available for Cuban/Haitian funded services | Process/How to Access Services Call 404-885-7454 to request a consultation appointment to discuss the immigration issue with an immigration attorney or counselor. Appointments can also be made in person at the Catholic Charities Atlanta main office on West Peachtree Street 8am-12pm Monday-Thursday | Fiscal Program Year CCA: July-June Cuban/Haitian Grant: October-September | Refugee Status: (please check one) 0-5 years: YES More than 5 years: YES Translation Provided (also tribal languages): No <input type="checkbox"/> Spanish, English, French, and Portuguese only Child Care Provided : No Transportation Provided : No Safe Space For Women: Yes Program Access/Women with Language Barrier: No |

Resettlement Agency Name: The Center for Pan Asian Community Services, Inc.

Street Address: 3510 Shallowford Road NE

City: Atlanta **State:** Georgia **Zip Code:** 30341

Phone Number: 770 – 936 - 0969 **Email:** farah.makino@cpacs.org /

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|---|--|---|---|
| Employment Program | Job Readiness Training Subsidized Employment Employment Training | Refugee - Yes Asylee's - Yes Immigrants - Yes Other - Yes | Women - Yes Man - Yes Children - High School and older Elderly - Yes |
| | | | |
| # of slots available per year Open enrollment | Process/How to Access Services Contact Farah Makino to schedule an Intake | Fiscal Program Year Example (October- September) Rolling enrollment | Refugee Status: (please check one) 0-5 years - Yes More than 5 years - yes Translation Provided (also tribal languages): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Child Care Provided : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Transportation Provided : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Safe Space For Women: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Program Access/Women with Language Barrier; Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|---|--|---|---|
| Domestic Violence Prevention Program | <ul style="list-style-type: none"> ▪ Building a safe community for the recent resettled refugees ▪ Increase awareness of resources for victims of domestic violence Community Education classes <ul style="list-style-type: none"> ▪ Men’s/Women’s support groups | Refugee - Yes Asylee’s <input type="checkbox"/> Immigrants <input type="checkbox"/> Other <input type="checkbox"/> | Women - Yes Man – Yes Children <input type="checkbox"/> Elderly - Yes |
| | | | |
| # of slots available per year | Process/How to Access Services Recruitment efforts are on a continues bases | Fiscal Program Year Example (October-September) On-going | Refugee Status: (please check one) 0-5 years - Yes More than 5 years - No Translation Provided (also tribal languages): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Child Care Provided : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Transportation Provided : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Safe Space For Women: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Program Access/Women with Language Barrier; Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|---|---|---|---|
| Healthy Marriage Program | <ul style="list-style-type: none"> ▪ Communication ▪ Conflict resolution ▪ Problem solving ▪ Money Management ▪ Decision Making ▪ Anger Management ▪ Improving self-esteem ▪ Cultural education | Refugee - Yes Asylee's <input type="checkbox"/> Immigrants <input type="checkbox"/> Other <input type="checkbox"/> | Women - Yes Man – Yes Children <input type="checkbox"/> Elderly - Yes |
| | | | |
| # of slots available per year Varies per year. | Process/How to Access Services Recruitment efforts are on a continues bases | Fiscal Program Year Example (October-September) On-going | Refugee Status: (please check one) 0-5 years - <u>Yes</u> More than 5 years - No Translation Provided (also tribal languages): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Child Care Provided : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Transportation Provided : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Safe Space For Women: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Program Access/Women with Language Barrier; Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|--|---|---|---|
| Social Services | <ul style="list-style-type: none"> ▪ Assisting API communities to access resources ▪ Food Stamp Application ▪ Low-income Home Energy Assistance ▪ Peachcare/Medicaid Assistance ▪ Translation/Interpretation | Refugee - Yes Asylee's - Yes Immigrants - Yes Other - Yes | Women - Yes Man – Yes Children <input type="checkbox"/> Elderly - Yes |
| | | | |
| # of slots available per year Open Enrollment | Process/How to Access Services Contact CPACS main office at 770-936-0969 | Fiscal Program Year Example (October-September) On-going | Refugee Status: (please check one) 0-5 years - <u>Yes</u> More than 5 years - <u>Yes</u> Translation Provided (also tribal languages): Yes <u>X</u> No <input type="checkbox"/> Child Care Provided : Yes No <u>X</u> Transportation Provided : Case by Case Safe Space For Women: Yes <u>X</u> No <input type="checkbox"/> Program Access/Women with Language Barrier; Yes <u>X</u> No <input type="checkbox"/> |

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| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|--|--|---|---|
| Community Health | <ul style="list-style-type: none"> ▪ Vaccinations for children and adults ▪ Health screening and seminars ▪ Mammograms/Pap Smear ▪ Hepatitis B ▪ Dowa Charitable Health Clinics ▪ State Approved Community Care Service Program (CCSP) | Refugee - Yes Asylee's - Yes Immigrants - Yes Other - Yes | Women - Yes Man – Yes Children - Yes Elderly - Yes |
| | | | |
| # of slots available per year Open Enrollment | Process/How to Access Services Contact CPACS main office at 770-936-0969 | Fiscal Program Year Example (October-September) On-going | Refugee Status: (please check one) 0-5 years - <u>Yes</u> More than 5 years - <u>Yes</u> Translation Provided (also tribal languages): Yes <u>X</u> No <input type="checkbox"/> Child Care Provided : Yes No <u>X</u> Transportation Provided : Case by Case Safe Space For Women: Yes <u>X</u> No <input type="checkbox"/> Program Access/Women with Language Barrier; Yes <u>X</u> No <input type="checkbox"/> |

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City: Atlanta **State:** Georgia **Zip Code:** 30341

Phone Number: 770 – 936 - 0969 **Email:** farah.makino@cpacs.org /

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|--|---|--|--|
| Senior Services | <ul style="list-style-type: none"> ▪ Benefits assistance ▪ Outreach Services ▪ Bhutanese Senior Wellness Program - <i>Will be starting this year</i> | Refugee - Yes Asylee's - Yes Immigrants - Yes Other - Yes | Women - Yes Man – Yes Children <input type="checkbox"/> Elderly - Yes |
| | | | |
| # of slots available per year Open Enrollment | Process/How to Access Services Contact CPACS main office at 770-936-0969 | Fiscal Program Year Example (October-September) On-going | Refugee Status: (please check one) 0-5 years - <u>Yes</u> More than 5 years - <u>Yes</u> Translation Provided (also tribal languages): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Child Care Provided : Yes No <input checked="" type="checkbox"/> Transportation Provided : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Safe Space For Women: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Program Access/Women with Language Barrier; Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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Street Address: 3510 Shallowford Road NE

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Phone Number: 770 – 936 - 0969 **Email:** farah.makino@cpacs.org /

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|--|---|--|---|
| Community Education | <ul style="list-style-type: none"> English Literacy Classes are held in Clarkston area apartment complexes | Refugee - Yes Asylee's - Yes Immigrants - Yes Other - Yes | Women - Yes Man – Yes Children <input type="checkbox"/> Elderly - Yes |
| | | | |
| # of slots available per year Open Enrollment | Process/How to Access Services Contact Grace Pyen at CPACS main office at 770-936-0969 | Fiscal Program Year Example (October-September) On-going | Refugee Status: (please check one) 0-5 years - <u>Yes</u> More than 5 years - <u>Yes</u> Translation Provided (also tribal languages): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Child Care Provided : Yes No <input checked="" type="checkbox"/> Transportation Provided : Yes No <input checked="" type="checkbox"/> Safe Space For Women: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Program Access/Women with Language Barrier; Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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Street Address: 3510 Shallowford Road NE

City: Atlanta **State:** Georgia **Zip Code:** 30341

Phone Number: 770 – 936 - 0969 **Email:** farah.makino@cpacs.org /

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|--|--|--|--|
| Youth Programs | <ul style="list-style-type: none"> ▪ After school programs for elementary, middle, and high school age children ▪ Summer Program | Refugee - Yes Asylee's - Yes Immigrants - Yes Other - Yes | Women - No Man – No Children - Yes Elderly - No |
| | | | |
| # of slots available per year Open Enrollment | Process/How to Access Services Contact Yotin Srivanjarean or Melissa Leiba at CPACS main office at 770-936-0969 | Fiscal Program Year Example (October-September) On-going | Refugee Status: (please check one) 0-5 years - <u>Yes</u> More than 5 years - <u>Yes</u> Translation Provided (also tribal languages): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Child Care Provided : Yes No <input checked="" type="checkbox"/> Transportation Provided : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Safe Space For Women: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Program Access/Women with Language Barrier; Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Resettlement Agency Name: The Global Village Project, Inc., dab The Global Village School

Street Address: 205 Sycamore Street

City: Decatur **State:** GA **Zip Code:** 30030

Phone Number: 404-371-0107 **Email:** gracehawkins@theglobalvillageschool.org

Please List all Non- Resettlement Services Provided

Please use this form for as many programs as you have.

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|--|--|--|---|
| English language education math social studies science | preparation of non- English speaking teenage refugee girls for success in school and in life | Refugee <input type="checkbox"/> x Asylee's <input type="checkbox"/> x Immigrants <input type="checkbox"/> Other <input type="checkbox"/> x girls ages 13-20 | Women <input type="checkbox"/> Man <input type="checkbox"/> Children <input type="checkbox"/> x recently arrived girls between the ages of 13-20 Elderly <input type="checkbox"/> |
| | | | |
| # of slots available per year 30 slots | Process/How to Access Services application form | Fiscal Program Year Example (October- September) August-May (same as DeKalb County school calendar. | Refugee Status: (please check one) 0-5 years <input type="checkbox"/> x More than 5 years <input type="checkbox"/> Translation Provided (also tribal languages): Yes <input type="checkbox"/> No <input type="checkbox"/> x Child Care Provided : Yes x <input type="checkbox"/> No <input type="checkbox"/> Transportation Provided : Yes x <input type="checkbox"/> No <input type="checkbox"/> Safe Space For Women: Yes <input type="checkbox"/> x No <input type="checkbox"/> Program Access/Women with Language Barrier; Yes <input type="checkbox"/> x No <input type="checkbox"/> |

Resettlement Agency Name: Jewish Family & Career Services, Inc .

Street Address: 4549 Chamblee Dunwoody Road

City: Atlanta **State:** GA **Zip Code:** 30038

Phone Number: 770-677-9303 **Email:** jparks@jfcs-atlanta.org

Please List all Non- Resettlement Services Provided

Please use this form for as many programs as you have.

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|--|---|---|--|
| English as a Second Language and English Literacy/Civics Classes | Increase the student's knowledge of English (speaking, reading and writing) and U.S. Civics | Refugee Yes Asylee's Yes Immigrants Yes Other No | Women Yes Man Yes Children No (must be over 17 yrs) Elderly Yes |
| # of slots available per year | Process/How to Access Services | Fiscal Program Year | Refugee Status: (please check one) |
| Approximately 26 classes with 300-350 students | Classes are with community partners at their sites | Example (October-September) | 0-5 years Yes More than 5 years Yes |
| Classes are at community partner locations in Cobb, Fulton and DeKalb Counties | Register at the beginning of classes or during registration period | July - June | Translation Provided (also tribal languages): No |
| | Check website for class schedules: https://yourtoolsforliving.org/services/international/english-a-citizenship-classes | | Child Care Provided : TBD |
| | Contact Program Coordinator Jim Parks at jparks@jfcs-atlanta.org PH: 770-677-9303 | | Transportation Provided : TBD |
| | | | Safe Space For Women: Yes |
| | | | Program Access/Women with Language Barrier; Yes |

Resettlement Agency Name: Jewish Families & Career Services – Ways to Work

Street Address: 4549 Chamblee Dunwoody Road

City: Atlanta **State:** GA **Zip Code:** 30338

Phone Number: 770.677.9477

Email: lburke@jfcs-atlanta.org

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|--|---|--|---|
| Ways to Work – provides low interest (8%) auto loan for low-to-moderate working families with children age 17 and younger. (Loan term 24 months) purchase previously owned cars. | Help purchase used car to provide reliable transportation to and from; work, children’s school and family medical appointments | Refugee Asylee’s Immigrants Other X – Low-to-moderate income working families | Men and/or Women who are the parent or parents may apply based upon meeting the following requirements: <ul style="list-style-type: none"> ✓ Must be parent or guardian of a child and/or children age 17 or younger ✓ Must be employed at least nine months ✓ Must not be able to get loan from bank or credit union ✓ Must agree in writing to repay the 8% loan within 24 months. (Loans not to exceed \$4,500) |
| | | | |
| # of slots available per year – 30+ | Process/How to Access Services Complete application found on our website: https://yourtoolsforliving.org/services/careers/wtw OR Call Ways to Work office at: 770.677.9477 | ✓ | Refugee Status: (please check one) 0-5 years <input type="checkbox"/> More than 5 years <input type="checkbox"/> Translation Provided (also tribal languages): Yes <input type="checkbox"/> No X Child Care Provided : Yes <input type="checkbox"/> No X Transportation Provided : Yes <input type="checkbox"/> NoX Safe Space For Women: Yes <input type="checkbox"/> No X Program Access/Women with Language Barrier; Yes <input type="checkbox"/> No X |

Resettlement Agency Name: Jewish Family & Career Services

Street Address: 4549 Chamblee- Dunwoody Rd

City: Atlanta

State: GA

Zip Code: 30338

Phone Number: 770-677-9376

Email: mfarris@jfcs-atlanta.org

Please List all Non- Resettlement Services Provided

Please use this form for as many programs as you have.

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|--|---|--|--|
| Citizenship Preparation Classes | To prepare immigrant and refugee adults to pass the USCIS Naturalization Test and Interview. | Refugee X Asylee's X Immigrants X (Students must be legal permanent residents.) | Women X Man X Elderly X |
| | | | |
| Open Enrollment at several class sites in Metro Atlanta. | Prospective Students can call or email Mark Farris, Program Director, at 770-677-9376, mfarris@jfcs-atlanta.org . | Fiscal Program Year: October-September | Refugee Status: (please check one) 0-5 years <input type="checkbox"/> More than 5 years X Translation Provided (also tribal languages): No X Child Care Provided : Yes X Transportation Provided : NoX Safe Space For Women: Yes X Program Access/Women with Language Barrier; Yes X- Beginner English Required. |

Resettlement Agency Name: LUTHERAN SERVICES OF GEORGIA

Street Address: 1330 WEST PEACHTREE STREET, SUITE 300

City: ATLANTA **State:** GEORGIA **Zip Code:** 30309

Phone Number: 404-875-0201 **Email:** jsimpson@lsga.org org

Please use this form for as many programs as you have.

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|--|---|--|--|
| Social Adjustment Services include assistance with home management issues, health-related issues, and emergency/crisis intervention. | These services are designed to help refugees and asylees assimilate into their new lives in the US and to encourage self-reliance to the point where the individual and/or family can successfully handle similar situations independently. | Refugee YES Asylee YES Immigrants <input type="checkbox"/> Other <input type="checkbox"/> | Women YES Man YES Children YES Elderly YES |
| # of slots available per year | Process/How to Access Services | Fiscal Program Year Example (October-September) October-September | Refugee Status: (please check one) 0-5 years YES More than 5 years <input type="checkbox"/> Translation Provided (also tribal languages): Yes <input type="checkbox"/> No <input type="checkbox"/> Child Care Provided : Yes <input type="checkbox"/> No <input type="checkbox"/> Transportation Provided : Yes <input type="checkbox"/> No <input type="checkbox"/> Safe Space For Women: Yes <input type="checkbox"/> No <input type="checkbox"/> Program Access/Women with Language Barrier; Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Approximately 1500 clients can be assisted each year. Women and men of all ages, and their children, can all be assisted. | Every Tuesday afternoon from 12 noon until 4:00 a Social Adjustment Case Manager is available at Clarkston Community Center in the Computer Lab. You can discuss your question or problem with the case manager, and the two of you will develop a plan for assisting with the question or problem. | | |

Resettlement Agency Name: _____ Lutheran Services of Georgia _____

Street Address: _____ 1330 W Peachtree St NW , Suite 300,

City: _____ Atlanta _____ **State:** _____ GA _____ **Zip Code:** _____ 30309 _____

Phone Number: _____ 404-875-0201 _____ **Email:** _____ julrich@lsga.org _____

Please List all Non- Resettlement Services Provided

Please use this form for as many programs as you have.

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|---|---|--|---|
| Match Grant Early Employment Program | To help clients achieve self sufficiency as quickly as possible by offering employment counseling and financial assistance. | Refugee <input checked="" type="checkbox"/> Asylee's <input checked="" type="checkbox"/> Immigrants <input type="checkbox"/> Other <input checked="" type="checkbox"/> (victims of human trafficking, parolees) | Women <input checked="" type="checkbox"/> Man <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> Elderly <input type="checkbox"/> |
| | | | |
| # of slots available per year 678 through September 2011 | Process/How to Access Services If client is an asylee or a transferred case, can call resource administrator to set up an appointment to determine eligibility. Once enrolled, client will receive up to 6 months of employment assistance and financial assistance. | Fiscal Program Year Example (October-September) Current extended program year is February 2010 through September 2011. | Refugee Status: (please check one) 0-5 years <input checked="" type="checkbox"/> Must have arrived/received letter of asylum or HT certification within the past thirty one days. More than 5 years <input type="checkbox"/> Translation Provided (also tribal languages): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Child Care Provided : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Transportation Provided : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Safe Space For Women: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Program Access/Women with Language Barrier; Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Resettlement Agency Name: LUTHERAN SERVICES OF GEORGIA

Street Address: 1330 WEST PEACHTREE STREET, SUITE 300

City: ATLANTA **State:** GEORGIA **Zip Code:** 30309

Phone Number: 404-875-0201 **Email:** nyasson@lsga.org or azangandou@lsga.org

Please List all Non- Resettlement Services Provided

Please use this form for as many programs as you have.

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|---|--|--|--|
| Employment Upgrade services are offered to EMPLOYED refugees and asylees who desire to qualify to practice a former profession. | To assist individuals who are in need of professional credentials evaluations and other recertification services. | Refugee YES Asylee YES Immigrants <input type="checkbox"/> Other <input type="checkbox"/> | Women YES Man YES Children <input type="checkbox"/> Elderly YES, IF THE ELDERLY PERSON HAS ACADEMIC CREDENTIALS AND DESIRES TO WORK |
| | | | |
| # of slots available per year Up to 100 clients may receive employment upgrade assistance each fiscal year. | Process/How to Access Services Services are provided by appointment only. An Employment Upgrade case manager will develop a work plan with the client, and then assist the client to follow the steps of the work plan. | Fiscal Program Year Example (October-September) October-September | Refugee Status: (please check one) 0-5 years YES More than 5 years <input type="checkbox"/> Translation Provided (also tribal languages): Yes <input type="checkbox"/> No <input type="checkbox"/> Child Care Provided : Yes <input type="checkbox"/> No <input type="checkbox"/> Transportation Provided : Yes <input type="checkbox"/> No <input type="checkbox"/> Safe Space For Women: Yes <input type="checkbox"/> No <input type="checkbox"/> Program Access/Women with Language Barrier; Yes <input type="checkbox"/> No <input type="checkbox"/> |

Resettlement Agency Name: _____ Lutheran Services of Georgia _____

Street Address: _____ 1330 W Peachtree St NW , Suite 300,

City: _____ Atlanta _____ **State:** _____ GA _____ **Zip Code:** _____ 30309 _____

Phone Number: _____ 404-875-0201 _____ **Email:** _____ julrich@lsga.org _____

Please List all Non- Resettlement Services Provided

Please use this form for as many programs as you have.

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|---|---|--|---|
| Match Grant Early Employment Program | To help clients achieve self sufficiency as quickly as possible by offering employment counseling and financial assistance. | Refugee <input checked="" type="checkbox"/> Asylee's <input checked="" type="checkbox"/> Immigrants <input type="checkbox"/> Other <input checked="" type="checkbox"/> (victims of human trafficking, parolees) | Women <input checked="" type="checkbox"/> Man <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> Elderly <input type="checkbox"/> |
| | | | |
| # of slots available per year 678 through September 2011 | Process/How to Access Services If client is an asylee or a transferred case, can call resource administrator to set up an appointment to determine eligibility. Once enrolled, client will receive up to 6 months of employment assistance and financial assistance. | Fiscal Program Year Example (October-September) Current extended program year is February 2010 through September 2011. | Refugee Status: (please check one) 0-5 years <input checked="" type="checkbox"/> Must have arrived/received letter of asylum or HT certification within the past thirty one days. More than 5 years <input type="checkbox"/> Translation Provided (also tribal languages): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Child Care Provided : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Transportation Provided : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Safe Space For Women: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Program Access/Women with Language Barrier; Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Resettlement Agency Name: RFS

Street Address: __5561__ Memorial Drive _____

City: __Stone Mountain__ **State:** __GA__ **Zip Code:** __30087__

Phone Number: __4042996217-233__ **Email:** __jtalundzic@refugeefamilyservices.org

Please List all Non- Resettlement Services Provided Please use this form for as many programs as you have.

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|---|---|--|---|
| School Liaison program links refugee parents and public schools by providing parent school orientation and language assistance with school related issues such as: registration/ withdrawal, academic , behavioral ,special education issues | To promote parental involvement in their children's education | Refugee Asylee's <input checked="" type="checkbox"/> Immigrants <input type="checkbox"/> Other <input type="checkbox"/> | Women <input checked="" type="checkbox"/> Man <input type="checkbox"/> Children <input checked="" type="checkbox"/> Elderly <input type="checkbox"/> |
| | | | |
| # of slots available per year 200 parents | Process/How to Access Services Referral to program coordinator or contacting directly school liaisons: Program Coordinator: Jasmina Talundzic :404 844 5233 Micheline Salama (French, Swahili, Burundi, Kenya-Ruanda) 404 844 5232 Joshua Williams(Burmese, Paw, Karen) 404 8445230 Pabitira Rizal (Nepali)404 8445220 5220 | Fiscal Program Year Example (October-September) Goizueta(July 1- June 30) RSIG (August 16-August15) | Refugee Status: (please check one) 0-5 years <input checked="" type="checkbox"/> More than 5 years <input type="checkbox"/> Translation Provided (also tribal languages): Yes <input type="checkbox"/> No <input type="checkbox"/> Child Care Provided : Yes <input type="checkbox"/> No <input type="checkbox"/> Transportation Provided : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Safe Space For Women: Yes <input type="checkbox"/> No <input type="checkbox"/> Program Access/Women with Language Barrier; Yes <input type="checkbox"/> No <input type="checkbox"/> |

Resettlement Agency Name: Refugee Family Services

Street Address: 5561-H Memorial Drive

City: __Stone Mountain **State:** __GA__ **Zip Code:** __30083__

Phone Number: __404-299-6217 x218__ **Email:** __rdunkley@refugeefamilyservices.org__

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|---|---|--|--|
| One to One Tutoring | To provide academic English, reading help, and a positive mentor for youth in need. | Refugee x Asylee's <input type="checkbox"/> Immigrants <input type="checkbox"/> Other <input type="checkbox"/> | Women <input type="checkbox"/> Man <input type="checkbox"/> Children x Elderly <input type="checkbox"/> |
| | | | |
| # of slots available per year Typically between 20-25 on campus and 5 in home | Process/How to Access Services Fill out referral and application and turn in to the coordinator | Fiscal Program Year Example (October-September) July 1-Dec 31 | Refugee Status: (please check one) 0-5 years <input checked="" type="checkbox"/> on campus More than 5 years <input checked="" type="checkbox"/> in home only Translation Provided (also tribal languages): Yes <input type="checkbox"/> No x (as needed only with School Liaison program) Child Care Provided : Yes <input type="checkbox"/> No x Transportation Provided : Yes <input type="checkbox"/> No No in home and yes on campus Safe Space For Women: Yes <input type="checkbox"/> No <input type="checkbox"/> Program Access/Women with Language Barrier; Yes <input type="checkbox"/> No x |

Non-Resettlement Agency Name: Refugee Family Services

Street Address: 5561-H Memorial Dr

City: Stone Mountain **State:** GA **Zip Code:** 30083

Phone Number: 404-299-6217, ext 207 **Email:** nerminas@refugeefamilyservices.org

Please List all Non- Resettlement Services Provided

Please use this form for as many programs as you have.

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|--|---|--|--|
| Financial Literacy provide basic financial knowledge for refugee women who must manage households despite lack of English and even literacy in their own languages, and lack of experience with cash economies and independent financial responsibility. | The objective of this program is to provide intensive, basic financial literacy education (including opening bank accounts, education on credit issues and homeownership) for low- and moderate-income refugees with a primary focus on women | Refugee x Asylee's x Immigrants x Other <input type="checkbox"/> | Women x Man <input type="checkbox"/> Children <input type="checkbox"/> Elderly x |
| | | | |
| # of slots available per year 65 | Process/How to Access Services Referral through community, walk in applicants, referral through a case workers | Fiscal Program Year Example (October-September) July 1- June 30 | Refugee Status: (please check one) 0-5 years <input type="checkbox"/> More than 5 years Preference is given to new refugees, although services can be provided to all refugees/immigrants. Translation Provided (also tribal languages): Yes x No <input type="checkbox"/> Child Care Provided : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Transportation Provided : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Safe Space For Women: Yes x No <input type="checkbox"/> |

Non-Resettlement Agency Name: Refugee Family Services

Street Address: 5561-H Memorial Dr

City: Stone Mountain **State:** GA **Zip Code:** 30083

Phone Number: 404-299-6217, ext 207 **Email:** _nerminas@refugeefamilyservices.org_

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|--|---|--|---|
| <p>The Refugee Family Violence Prevention Project (RFVPP) is a program of Refugee Family Services (RFS) which addresses issues of domestic violence in the refugee and immigrant community by providing effective, linguistically and culturally appropriate services to battered refugee and immigrant women and their children and takes a collaborative, multi-disciplinary approach to improve the mainstream system's approach to dealing with refugee and immigrant victims of violence.</p> | <p>The objective of this program is to: provide direct assistance and follow-up services to battered refugee and immigrant women and children. Assist refugee and immigrant women in accessing battered women's shelters, obtaining protective orders, providing court interpretation and other services available to victims; educate refugee and immigrant communities about domestic violence and services available to victims through presentations, workshops, and brochures; educate battered women's shelters and other service providers about refugee and immigrant communities and the specific needs of battered refugee women and their children through cultural presentations.</p> | <p>Refugee x Asylee's x Immigrants x Other x</p> | <p>Women x Man <input type="checkbox"/> Children <input type="checkbox"/> Elderly x</p> |

| # of slots available per year ~70 | Process/How to Access Services Referral through community, walk in applicants, referral through a case workers | Fiscal Program Year Example (October-September) January 1-December 31 | Refugee Status: (please check one) 0-5 years <input type="checkbox"/> More than 5 years Services are provided to all battered refugees/immigrants women. Translation Provided (also tribal languages): Yes x No <input type="checkbox"/> Child Care Provided : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Transportation Provided : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Safe Space For Women: Yes x No <input type="checkbox"/> Program Access/Women with Language Barrier; Yes x No <input type="checkbox"/> |
|--|---|---|---|

Non-Resettlement Agency Name: Refugee Family Services

Street Address: 5561-H Memorial Dr

City: Stone Mountain

State: GA

Zip Code: 30083

Phone Number: 404-299-6217, ext 207

Email: nerminas@refugeefamilyservices.org

Please List all Non- Resettlement Services Provided

Please use this form for as many programs as you have.

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|--|--|---|---|
| Family Literacy Provide a volunteer ESL teacher to visit the home to tutor English for 1 day a week for 2 hours with a 3 month commitment | The objective of this program is provide home-based literacy access to women who would otherwise not be able to attend esl classes outside of their home | Refugee x Asylee's x Immigrants x Other <input type="checkbox"/> | Women x Man <input type="checkbox"/> Children <input type="checkbox"/> Elderly x |
| | | | |
| # of slots available per year Rolling enrollment and based on the number of volunteers/resources. | Process/How to Access Services Referral through community, walk in applicants, referral through a case worker | Fiscal Program Year Example (October-September) August-July | Refugee Status: (please check one) 0-5 years <input type="checkbox"/> More than 5 years x Translation Provided (also tribal languages): Yes x No <input type="checkbox"/> Child Care Provided : Yes <input type="checkbox"/> No x Transportation Provided : Yes <input type="checkbox"/> No x Safe Space For Women: Yes x No <input type="checkbox"/> Program Access/Women with Language Barrier; Yes x No <input type="checkbox"/> |

Non-Resettlement Agency Name: Refugee Family Services

Street Address: 5561-H Memorial Dr

City: Stone Mountain **State:** GA **Zip Code:** 30083

Phone Number: 404-299-6217, ext 207 **Email:** _nerminas@refugeefamilyservices.org_

Please List all Non- Resettlement Services Provided

Please use this form for as many programs as you have.

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|---|--|---|--|
| The Refugee Family Services' (RFS) Parents as Teachers program provides refugee families with culturally and linguistically appropriate parenting education and family support through monthly personal visits, developmental screenings, monthly group connections and resource network. | The objective of this program is to ensure that children 0-5 are school ready and to prevent child abuse and neglect | Refugees Asylee's x Immigrants x Other x Burmese, Bhutanese and Somali | Women <input type="checkbox"/> Man <input type="checkbox"/> Children <input type="checkbox"/> Elderly <input type="checkbox"/> Families with children ages 0-5, who live in Indian Creek Elementary School district or have older children at the International Community School? |
| | | | |
| # of slots available per year ~65 | Process/How to Access Services Referral through community, walk in applicants, referral through a case workers | Fiscal Program Year Example (October-September) January 1-December 31 and July 1 –June 30 | Refugee Status: (please check one) 0-5 years <input type="checkbox"/> More than 5 years There is no time limit requirement, preference is given to new refugees. Translation Provided (also tribal languages): Yes x No <input type="checkbox"/> Child Care Provided : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Transportation Provided : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Safe Space For Women: Yes x No <input type="checkbox"/> |

Resettlement Agency Name: Refugee Family Services

Street Address: 5561 H Memorial Dr. **City:** Stone Mountain **State:** GA **Zip Code:** 30083

Phone Number: 404-299-6217 **Email:** www.refugeefamilyservices.org

Please List all Non- Resettlement Services Provided

Please use this form for as many programs as you have.

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|--|--|---|--|
| RFS Pre-K Program | | Refugee X Asylee's X Immigrants X Other X | Women <input type="checkbox"/> Man <input type="checkbox"/> Children X Elderly <input type="checkbox"/> |
| | | | |
| # of slots available per year <u>22 slots- for children who become 4 years old before September 1 of the current school year. 5 y/old's accepted with parental signature on state form.</u> | Process/How to Access Services <u>Pre-registration occurs in March/April, preceding the school year in which child will attend. Waiting list is maintained, as well. Contact person: Debora Furce</u> dfurce@refugeefamilyservices.org | Fiscal Program Year Example (October-September) | Refugee Status: (please check one) 0-5 years X More than 5 years X Translation Provided (also tribal languages): Yes X No <input type="checkbox"/> Child Care Provided : Yes <input type="checkbox"/> No <input type="checkbox"/> Transportation Provided : Yes <u>X limited area</u> No <input type="checkbox"/> Safe Space For Women: Yes X No <input type="checkbox"/> Program Access/Women with Language Barrier; Yes <input type="checkbox"/> No <input type="checkbox"/> |

Resettlement Agency Name: _RFS_____

Street Address: _5561-H Memorial DR_____

City: _Stone Mountain ____ **State:** __GA_____ **Zip Code:** __30083__

Phone Number: 404-299-6217 ext 221_____ **Email:** _dbrown@refugeefamilyservices.org_____

Please List all Non- Resettlement Services Provided

Please use this form for as many programs as you have.

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|---|---|--|--|
| Afterschool Program and Summer Camp | Provide English language help, technology lessons and homework assistance, as well as life skills training and enrichment activities. | Refugee | Children |
| # of slots available per year: 112 in the school year, 56 in the summer | Process/How to Access Services Application is available at RFS or by emailing newarrivals@refugeefamilyservices.org | Fiscal Program Year October-September | Refugee Status: (please check one) 0-5 years <input type="checkbox"/> Translation Provided (also tribal languages): Yes <input type="checkbox"/> Child Care Provided : Yes <input type="checkbox"/> Transportation Provided : Yes <input type="checkbox"/> Safe Space For Women: Yes <input type="checkbox"/> Program Access/Women with Language Barrier; Yes <input type="checkbox"/> |

Resettlement Agency Name: _RFS_____

Street Address: _5561-H Memorial DR_____

City: _Stone Mountain_____ **State:** __GA_____ **Zip Code:** __30083_____

Phone Number: 404-299-6217 est 221__ **Email:** _dbrown@refugeefamilyservices.org_____

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|---|---|--|--|
| Afterschool Program and Summer Camp | Provide English language help, technology lessons and homework assistance, as well as life skills training and enrichment activities. | Refugee | Children |
| | | | |
| # of slots available per year: 112 in the school year, 56 in the summer | Process/How to Access Services Application is available at RFS or by emailing newarrivals@refugeefamilyservices.org | Fiscal Program Year October-September | Refugee Status: (please check one) 0-5 years <input type="checkbox"/> Translation Provided (also tribal languages): Yes <input type="checkbox"/> Child Care Provided : Yes <input type="checkbox"/> Transportation Provided : Yes <input type="checkbox"/> Safe Space For Women: Yes <input type="checkbox"/> Program Access/Women with Language Barrier; Yes <input type="checkbox"/> |

Resettlement Agency Name: RFS YES Program
Street Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone Number: _____ **Email:** _____

Please List all Non- Resettlement Services Provided

Please use this form for as many programs as you have.

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|--|--|---|---|
| The YES Program provides academic support, mentorship, and workshops on financial literacy, personal development, teambuilding and professional development through Saturday sessions throughout the year for high school students. Three staff provide case management for students in the YES Program. | Our objective is for each student to graduate high school or obtain their GED and then pursue their career or post secondary education. Students stay in the program until they have established a job or continuing education HS post graduation. | Refugee <input type="checkbox"/> Immigrants <input type="checkbox"/> | Teens who are in the WIA program. |
| | | | |
| # of slots available per year We have a rolling enrollment students are in the program until they graduate from HS. Our enrollment of new students depends on how many students have graduated the previous year. We serve 75 students at capacity. | Process/How to Access Services Students can contact Laura Sum (lsum@refugeefamilyservices.org or 404-408-4968) to request an application. They must provide copies of their I-94, green card or other state issued photo ID, food stamp card and letter, and lease or utility bill with their address. | Fiscal Program Year (February to January) | Refugee Status: (please check one) A student may enroll in the program, but they must have an English level adequate to participate and engage in the workshops offered. Translation Provided (also tribal languages): Yes <input type="checkbox"/> Child Care Provided : No <input type="checkbox"/> Transportation Provided : Yes <input type="checkbox"/> Safe Space For Women: Yes <input type="checkbox"/> Program Access/Women with |

Resettlement Agency Name: __RRISA_____

Street Address: _4151 Memorial drive Suite 205-D_____

City: _Decatur_____ **State:** __GA_____ **Zip Code:** __30032_____

Phone Number: __404-622-2235_____ **Email:** _info@rrisa.org_____

Please List all Non- Resettlement Services Provided

Please use this form for as many programs as you have.

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|---|--|---|---|
| After School | To help refugee, immigrant and low income children adjust socially and academically to the American school environment | Refugee <input checked="" type="checkbox"/> Asylee's <input type="checkbox"/> Immigrants <input type="checkbox"/> Other <input type="checkbox"/> | Women <input type="checkbox"/> Man <input type="checkbox"/> Children <input type="checkbox"/> Elderly <input type="checkbox"/> |
| | | | |
| # of slots available per year- 150 (students must attend Avondale Elementary, Avondale Middle or Stone Mountain Middle | Process/How to Access Services Call program manager Laura Medders at (404) 622-2235 x 240 | Fiscal Program Year Example (October-September) September-June | Refugee Status: (please check one) 0-5 years <input checked="" type="checkbox"/> More than 5 years <input type="checkbox"/> Translation Provided (also tribal languages): Yes <input type="checkbox"/> No <input type="checkbox"/> NA Child Care Provided : Yes <input type="checkbox"/> No <input type="checkbox"/> NA Transportation Provided : Yes <input checked="" type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> Safe Space For Women: Yes <input type="checkbox"/> No <input type="checkbox"/> NA Program Access/Women with Language Barrier; Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA |

Resettlement Agency Name: __RRISA_____

Street Address: _4151 Memorial drive Suite 205-D_____

City: _Decatur_____ **State:** _____ **Zip Code:** __30032_____

Phone Number: __404-622-2235_____ **Email:** _info@rrisa.org_____

Please List all Non- Resettlement Services Provided

Please use this form for as many programs as you have.

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|--|---|---|--|
| Information and Referral | To help refugees access mainstream resources (ex. Georgia ID, Food Stamp Review, Library Card, energy assistance, clothing closets) | Refugee <input checked="" type="checkbox"/> Asylee's <input type="checkbox"/> Immigrants <input type="checkbox"/> Other <input type="checkbox"/> | Women <input checked="" type="checkbox"/> Man <input type="checkbox"/> Children <input checked="" type="checkbox"/> Elderly <input type="checkbox"/> |
| | | | |
| # of slots available per year- Over 2000 per year | Process/How to Access Services Visit RRISA office or call receptionist to make appointment (receptionist ext. 221) | Fiscal Program Year Example (October-September) October-September | Refugee Status: (please check one) 0-5 years <input type="checkbox"/> More than 5 years <input checked="" type="checkbox"/> Translation Provided (also tribal languages): Yes <input type="checkbox"/> No <input type="checkbox"/> Child Care Provided : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Transportation Provided : Yes <input checked="" type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> Safe Space For Women: Yes <input checked="" type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> Program Access/Women with Language Barrier; Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Resettlement Agency Name: RRISA

Street Address: 4151 Memorial drive Suite 205-D

City: Decatur **State:** _____ **Zip Code:** 30032

Phone Number: 404-622-2235 **Email:** _____

Please List all Non- Resettlement Services Provided

Please use this form for as many programs as you have.

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|--------------------------------------|--|---|--|
| Immigration Services | To provide low cost immigration services to refugees, immigrants, victims of human trafficking and VAWA cases | Refugee <input checked="" type="checkbox"/> Asylee's <input type="checkbox"/> Immigrants <input type="checkbox"/> Other <input type="checkbox"/> | Women <input checked="" type="checkbox"/> Man <input type="checkbox"/> Children <input type="checkbox"/> Elderly <input type="checkbox"/> |
| | | | |
| # of slots available per year- NA | Process/How to Access Services Call or visit RRISA office to make an appointment (extension for receptionist-221) | Fiscal Program Year Example (October-September) January-December | Refugee Status: (please check one) 0-5 years <input checked="" type="checkbox"/> More than 5 years <input type="checkbox"/> Translation Provided (also tribal languages): Yes <input type="checkbox"/> No <input type="checkbox"/> Child Care Provided : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Transportation Provided : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Safe Space For Women: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Program Access/Women with Language Barrier; Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Resettlement Agency Name: RRISA

Street Address: 4151 Memorial drive Suite 205-D

City: Decatur **State:** _____ **Zip Code:** 30032

Phone Number: 404-622-2235 **Email:** _____

Please List all Non- Resettlement Services Provided

Please use this form for as many programs as you have.

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|--------------------------------------|--|---|---|
| Immigration Services | To provide low cost immigration services to refugees, immigrants, victims of human trafficking and VAWA cases | Refugee <input checked="" type="checkbox"/> Asylee's <input type="checkbox"/> Immigrants <input type="checkbox"/> Other <input type="checkbox"/> | Women <input checked="" type="checkbox"/> Man <input type="checkbox"/> Children <input type="checkbox"/> Elderly <input type="checkbox"/> |
| # of slots available per year- NA | Process/How to Access Services Call or visit RRISA office to make an appointment (extension for receptionist-221) | Fiscal Program Year Example (October-September) January-December | Refugee Status: (please check one) 0-5 years <input type="checkbox"/> More than 5 years <input type="checkbox"/> Translation Provided (also tribal languages): Yes <input type="checkbox"/> No <input type="checkbox"/> Child Care Provided : Yes <input type="checkbox"/> No <input type="checkbox"/> Transportation Provided : Yes <input type="checkbox"/> No <input type="checkbox"/> Safe Space For Women: Yes <input type="checkbox"/> No <input type="checkbox"/> Program Access/Women with Language Barrier; Yes <input type="checkbox"/> No <input type="checkbox"/> |

Agency Name: SOMALI AMERICAN COMMUNITY CENTER, INC

Street Address: 436_C N. INDIAN CREEK DR

City: CLARKSTON **State:** GA **Zip Code:** _30021

Phone Number: _404-296-1308 **Email:** oshekhey@yahoo.com

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|--|--|---|---|
| Immigration services Case management Interpretations and translations Advocacy Youth Sports and development Education Conflict management Neighborhood watch Utility Assistance program | Help refugees with immigration forms including medical waivers Coordinate with welfare offices such as food stamps, SSI and Medicaid Translate/interpret English/Somali/Arabic/Swahili/Italian/Russian Advocate for refugees rights. Speak on their behalf Organize soccer games, athletics and basketball After school, ESOL and citizenship classes Help family issues through elders and culture Safety issues in the neighborhoods Contract with Partnership community actions | Refugee Ashlee's <input type="checkbox"/> x Immigrants <input type="checkbox"/> x Other <input type="checkbox"/> x | Women <input type="checkbox"/> X Man <input type="checkbox"/> X Children <input type="checkbox"/> X Elderly <input type="checkbox"/> X |

| <p># of slots available per year</p> <p>As they came- services 10 people per a day with different cases</p> | <p>Process/How to Access Services</p> <p>Through our office</p> | <p>Fiscal Program Year Example (October-September) January to December</p> | <p>Refugee Status: (please check one)</p> <p>0-5 years <input type="checkbox"/>x</p> <p>More than 5 years <input type="checkbox"/>x</p> <p>Translation Provided (also tribal languages): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Child Care Provided : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Transportation Provided : Yes <input type="checkbox"/> No<input checked="" type="checkbox"/></p> <p>Safe Space For Women: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Program Access/Women with Language Barrier; Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> |
|---|--|--|---|

Resettlement Agency Name: Tapestri, Inc.

Street Address: PMB 362, 3939 Lavista Rd. Ste.E.

City: Tucker

State: GA

Zip Code: 30084

Phone Number: 404-299-2185

Email: tapestri@tapestri.org

Please List all Non- Resettlement Services Provided

Please use this form for as many programs as you have.

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|--|--|--|---|
| Anti- Human Trafficking Program | Direct services provided to survivors of human trafficking. | Refugee Asylee's Immigrants X Other X Undocumented | Women X Man X Children X Elderly X |
| | | | |
| # of slots available per year First come first serve basis. | Process/How to Access Services To access service please call our main number: 404-299-2185. Each individual call will be evaluated and connected with appropriate staff member who will further assist. | Fiscal Program Year October-September | Refugee Status: (please check one) 0-5 years <input type="checkbox"/> More than 5 years X Translation Provided (also tribal languages): Yes X No <input type="checkbox"/> Child Care Provided : Yes <input type="checkbox"/> No X Transportation Provided : Yes X No <input type="checkbox"/> Safe Space For Women: Yes X No <input type="checkbox"/> Program Access/Women with Language Barrier; Yes X No <input type="checkbox"/> |

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Please use this form for as many programs as you have.

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|--|---|--|---|
| Tapestri's Men's Program | 24 Week Family Violence Intervention Program for refugee and immigrant men. | Refugee X Asylee's X Immigrants X Other | Women Man X Children Elderly |
| | | | |
| # of slots available per year First come first serve basis. | Process/How to Access Services To access service please call our program facilitator Vanja: 678-698-3612. Detailed information will be provided about program and how to enroll. | Fiscal Program Year January-December | Refugee Status: (please check one) 0-5 years <input type="checkbox"/> More than 5 years X Translation Provided (also tribal languages): Yes X No <input type="checkbox"/> Child Care Provided : Yes <input type="checkbox"/> No X Transportation Provided : Yes NoX Safe Space For Women: Yes No X Program Access/Women with Language Barrier; Yes No X |

Resettlement Agency Name: Tapestri, Inc.

Street Address: PMB 362, 3939 Lavista Rd. Ste.E.

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Phone Number: 404-299-2185 **Email:** tapestri@tapestri.org

Please List all Non- Resettlement Services Provided

Please use this form for as many programs as you have.

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|---|---|---|--|
| Legal Advocacy Program | Direct services provided to refugee and immigrant survivors of violence. | Refugee X Asylee's X Immigrants X Other <input type="checkbox"/> | Women X Man X Children <input type="checkbox"/> Elderly X |
| | | | |
| # of slots available per year Minimum 60 | Process/How to Access Services To access service please call our main number: 404-299-2185. Each individual call will be evaluated and connected with appropriate staff member who will further assist the caller. | Fiscal Program Year October-September | Refugee Status: (please check one) 0-5 years <input type="checkbox"/> More than 5 years X Translation Provided (also tribal languages): Yes X No <input type="checkbox"/> Child Care Provided : Yes <input type="checkbox"/> No X Transportation Provided : Yes X No <input type="checkbox"/> Safe Space For Women: Yes X No <input type="checkbox"/> Program Access/Women with Language Barrier; Yes X No <input type="checkbox"/> |

Resettlement Agency Name: ___ World Relief ___

Street Address: ___ 655 Village Square Drive ___

City: ___ Stone Mountain ___ **State:** ___ GA ___ **Zip Code:** ___ 30083 ___

Phone Number: ___ 404-294-4352 ___ **Email:** ___ www.worldrelief.org/Atlanta ___

Please List all Non- Resettlement Services Provided

Please use this form for as many programs as you have.

| Description of Services/ Programs | Objective of the Program | Target Population | Who is eligible |
|--|---|--|--|
| Refugee Resettlement agency providing services to refugees, asylees, certain parolees, and victims of trafficking | To assist eligible participants in becoming financially and socially self-sufficient. To provide opportunities for interns to get practical experience in refugee resettlement. | Refugee x Asylees x Immigrants <input type="checkbox"/> Other x | Women x Man x Children x Elderly x |
| | | | |
| # of slots available per year | Process/How to Access Services | Fiscal Program Year Example (October-September) | Refugee Status: (please check one) |
| Match Grant Program (slots vary) | Must have an immigration status listed above and have received that status within 30 days or less. Contact: Pamela Gonzalez | October-September | 0-5 years <input type="checkbox"/> More than 5 years <input type="checkbox"/> |
| Immigration Legal Services (slots: N/A) | Must have an immigration status listed above. Contact: Sue Chovanec | N/A | Translation Provided (also tribal languages): Yes x No <input type="checkbox"/> |
| Internship Opportunities (slots: N/A) | Open to anyone but must successfully clear background check and uphold World Relief's mission, vision and values statement. Contact: Annie Bollinger | N/A | Child Care Provided : Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | Transportation Provided : Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> |
| | | | Safe Space For Women: Yes x No <input type="checkbox"/> |
| | | | Program Access/Women with Language Barrier; Yes x No <input type="checkbox"/> |

