COMMUNITY SUPPORT NETWORK

CHANGING LIVES, TRANSFORMING OUR COMMUNITIES

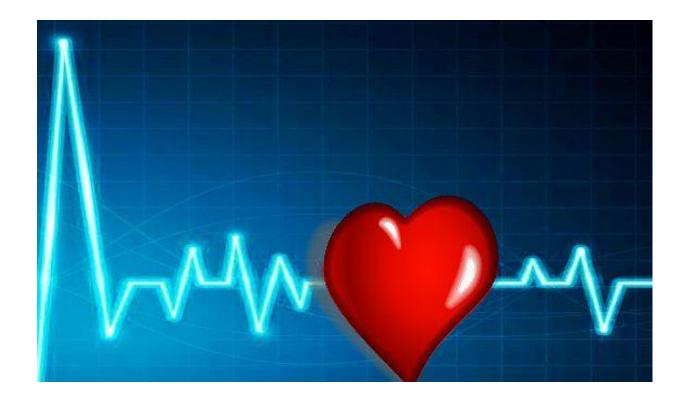
CSN

### **COMMUNITY ENGAGEMENT PARTNERSHIP**



## **SERVICES PROVIDED**

HEALTH REFERRALS
WELLNESS REFERRALS
SUBSTANCE ABUSE REFERRALS
EMPLOYMENT REFERRALS
FLU SHOTS
VACCINATIONS
MAMMOGRAM



# **CSN PHASES**

- Phase 1, engaging and providing outreach through major transportation lines to engage with residents as they wait for transportation.
- Phase 2, engaging and outreaching Activities around shopping commercial districts, restaurants, and retail shopping Districts.
- Phase 3, engagements and outreach, activities, within schools, learning centers
- Phase 4, engagement and outreach activities will prioritize residential habitats within the neighborhoods, sharing information and resources to increase access and awareness of
  - physical and behavioral health services, as well as other services that cater to social needs

### **REFERRALS FOR COMMUNITY SUPPORT**

#### **CSN** Referrals

CSN Referrals for Community Support

Physical Health Referrals

NYC Health Map: <u>https://a816-</u> healthpsi.nyc.gov/NYCHealthMap

#### General:

Find a doctor: <u>https://www.nychealthandhospitals.org/doctors/</u> By Phone: NYC Health + Hospitals, <u>(844) 692-4692</u>, 24 hours, 7 days a week

Long term care at home: https://access.nyc.gov/programs/home-care-servicesprogram/

<u>NYC Sexual Health</u> Clinic Hotline (<u>347-396-7959</u>) for telemedicine services.

Health Insurance: https://www.healthcare.gov/

LGBTQIA+ Specific: Brooklyn: Woodhull Pride Clinic: <u>718-963-8068</u> M- F, 8a -5p. 24-Hour Nurse Line <u>718-963-8033</u>. Bronx: Jacobi Pride Clinic: <u>718-918-7787</u>, Thursday – afternoons 1:30 p.m. – 5 p.m. Lincoln Pride Clinic: <u>(718) 579-5264</u>, M- F, 9a -4:30p

Next

PHYSICAL HEALTH REFERRALS

✤ HEALTH INSURANCE

GENERAL: Doctors, Hospitals

✤ NYC SEXUAL HEALTH

LONG TERM HOME CARE

LGBTQIA+ pride Clinic

## **CSN ENGAGMENT FORM**

### CSN Engagement Form\_(rev 08/10/23)

Please use this form for each encounter with a community member

\* Required

These questions are about/for YOU, the community engagement specialist

1. Date \*

Please input date (M/d/yyyy)
2. Community Engagement Specialist Name \*

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Carlos Marte

Brenda Rodriguez

O Cyronne Credle

🔵 Loranni Garcia

Tiffanie Dorch

THIS ENGAGEMENT FORM IS USED TO PERFORM OUTREACH WITHIN THE IDENTIFIED NEIGHBORHOODS AND ENGAGE WITH INDIVIDUALS AND **GROUPS, WHO CONSENT TO SHARING** INFORMATION ABOUT THEIR BEHAVIORAL AND SOCIAL HEALTH NEEDS.

## CSN LOCAL BUSINESSES PARTNERSHIPS

Partnering with local establishments to create a partnership with CSN and being able to accommodate our community with their general health, and every day needs



Community Support Network Local Partners Resource Building\_ Rev 10.3.2023

The Network	
* Required	
1. What is today's date *	
Please input date (M/d/yyyy)	
2. Name of CSN agency *	
BronxWorks	
NHS Brooklyn	
VIP Community Services	
3. What is the Name of Local Network Partner?	

Enter your answer

COMMUNITY SERVICE NETWORK GOAL Is to Have engagements with individuals and groups within our community. Also to connect residents to community base networks of services, in order to provide the necessary support to avoid symptoms from getting to an acute state.

COMMUNITY SUPPORT NETWORK (CSN)

HTTPS://WWW.VIPSERVICES.ORG/COMMUNITY-SUPPORT-NETWORK/