

#1

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, November 26, 2018 4:16:23 PM  
**Last Modified:** Monday, November 26, 2018 4:25:42 PM  
**Time Spent:** 00:09:19  
**IP Address:** 23.24.121.53

## Page 1: Local Hispanic Resources

**Q1** Contact Information

Organization	<b>Healthy Families - Center for Children</b>
Phone Number	<b>301-609-9887</b>
Address	<b>6100 Radio Station Road La Plata, MD 20646</b>
Email	<b>garcia@center-for-children.org</b>
Website	<b>www.center-for-children.org</b>

**Q2** Which of the following does your organization offer? **Spanish-Speaking Provider**  
 (Select all that apply)

**Q3** If you have a Spanish-Speaking Provider, what is that Provider's specialty?

Bi-lingual Family Support Worker

**Q4** If your organization has a Spanish-Speaking Provider or an On-Site Translator, what are their normal days/hours?

Monday through Friday 8:30-5:00.

**Q5** Please provide a brief summary of the services that your organization provides.

We are a free home visiting program for teens and first time parents, and provide a curriculum for parenting skills from prenatal upto the age of 5.

**Q6** Who is eligible for your services? (Select all that apply)

Other (please specify):  
 Any client who has a history of trauma and are first time parents.

**Q7** What category does your organization fall under?

Other (please specify):  
 Non-Profit organization.

**Q8** Please list any additional resources that you can provide for the local Hispanic Community:

We provide many resources such as getting baby items and resources such as referring them to WIC and DSS, as well as job resources if they are interested.

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# #2

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, November 29, 2018 1:02:43 PM  
**Last Modified:** Thursday, November 29, 2018 1:05:33 PM  
**Time Spent:** 00:02:49  
**IP Address:** 167.102.228.18

## Page 1: Local Hispanic Resources

### Q1 Contact Information

Organization	<b>St. Mary's County Department of Social Services</b>
Phone Number	<b>2407255755</b>
Address	<b>23110 Leonard Hall Drive</b>
Email	<b>kerry.miciotto@maryland.gov</b>

**Q2** Which of the following does your organization offer? (Select all that apply) **Language Line**

**Q3** If you have a Spanish-Speaking Provider, what is that Provider's specialty? **Respondent skipped this question**

**Q4** If your organization has a Spanish-Speaking Provider or an On-Site Translator, what are their normal days/hours? **Respondent skipped this question**

**Q5** Please provide a brief summary of the services that your organization provides.

Medical/health share, food stamps, cash assistance, homeless services/referrals, referrals for assistance in community

**Q6** Who is eligible for your services? (Select all that apply) **Other (please specify): all in community**

**Q7** What category does your organization fall under? **Other (please specify): Social Services agency**

**Q8** Please list any additional resources that you can provide for the local Hispanic Community: **Respondent skipped this question**

# #3

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, November 30, 2018 10:30:46 AM  
**Last Modified:** Friday, November 30, 2018 2:47:05 PM  
**Time Spent:** 04:16:18  
**IP Address:** 24.245.101.25

## Page 1: Local Hispanic Resources

### Q1 Contact Information

Organization	<b>Pathways, Inc.</b>
Phone Number	<b>301-373-3065 x273</b>
Address	<b>44065 Airport View Drive, Hollywood, MD 20636</b>
Email	<b>rsolomon@pathwaysinc.org</b>
Website	<b>www.pathwaysinc.org</b>

**Q2 Which of the following does your organization offer? (Select all that apply)**

**Spanish-Speaking Provider,**  
**On-Site Translator**

**Q3 If you have a Spanish-Speaking Provider, what is that Provider's specialty?**

Psychiatry

**Q4 If your organization has a Spanish-Speaking Provider or an On-Site Translator, what are their normal days/hours?**

Monday - Friday 8:30 AM - 4:30 PM

**Q5 Please provide a brief summary of the services that your organization provides.**

Pathways provides mental health services including, therapy, psychiatry, housing, employment, Transitional Aged Youth, and brain injury services.

**Q6 Who is eligible for your services? (Select all that apply)**

**Self-Pay,**  
**Medicaid/Medicare,**  
**Private Insurance,**  
 Other (please specify):  
 Funding through Division of Rehabilitation Services

**Q7** What category does your organization fall under?

**Mental Health**

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**Q8** Please list any additional resources that you can provide for the local Hispanic Community:

Workshops for Women (In Spanish)

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# #4

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, November 30, 2018 3:55:20 PM  
**Last Modified:** Friday, November 30, 2018 3:56:25 PM  
**Time Spent:** 00:01:04  
**IP Address:** 198.50.64.82

## Page 1: Local Hispanic Resources

### Q1 Contact Information

Organization **Medstar primary care lexington park**

**Q2** Which of the following does your organization offer? (Select all that apply) **Language Line**

**Q3** If you have a Spanish-Speaking Provider, what is that Provider's specialty? **Respondent skipped this question**

**Q4** If your organization has a Spanish-Speaking Provider or an On-Site Translator, what are their normal days/hours? **Respondent skipped this question**

**Q5** Please provide a brief summary of the services that your organization provides. **Respondent skipped this question**

**Q6** Who is eligible for your services? (Select all that apply) **Medicaid/Medicare, Private Insurance**

**Q7** What category does your organization fall under? **Primary Care**

**Q8** Please list any additional resources that you can provide for the local Hispanic Community: **Respondent skipped this question**

#5

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, December 03, 2018 12:16:16 PM  
**Last Modified:** Monday, December 03, 2018 12:23:45 PM  
**Time Spent:** 00:07:28  
**IP Address:** 167.102.54.70

## Page 1: Local Hispanic Resources

**Q1 Contact Information**

Organization	<b>SMCPS Head Start Program</b>
Phone Number	<b>301-863-4064 Ext. 1</b>
Address	<b>46060 Millstone Landing Rd</b>
Email	<b>jaacevedopedragon@smcps.org</b>
Website	<b>www.smcps.org</b>

**Q2 Which of the following does your organization offer?** **Spanish-Speaking Provider**  
 (Select all that apply)

**Q3 If you have a Spanish-Speaking Provider, what is that Provider's specialty?**

Family Service Provider

**Q4 If your organization has a Spanish-Speaking Provider or an On-Site Translator, what are their normal days/hours?**

Mon-Fri 9:30 AM-5:00 PM

**Q5 Please provide a brief summary of the services that your organization provides.**

The Family Service Provider(FSP) will assist the family in accessing community resources and interpreting/translating for the family during these visits if requested or needed. The FSP also provided interpretation/translation services during DPST and/or IEP meetings.

**Q6 Who is eligible for your services? (Select all that apply)** Other (please specify):  
 Unsure

**Q7 What category does your organization fall under?** Other (please specify):  
 Educational, Family Well Being

**Q8** Please list any additional resources that you can provide for the local Hispanic Community:

**Respondent skipped this question**

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# #6

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, December 06, 2018 10:32:38 AM  
**Last Modified:** Thursday, December 06, 2018 10:34:32 AM  
**Time Spent:** 00:01:53  
**IP Address:** 167.102.229.106

## Page 1: Local Hispanic Resources

### Q1 Contact Information

Organization	<b>St. Mary's County Health Department</b>
Phone Number	<b>3014754319</b>
Address	<b>21580 Peabody Street, P.O. 316</b>
Email	<b>terry.prochnow@maryland.gov</b>
Website	<b>smchd.org</b>

**Q2 Which of the following does your organization offer? (Select all that apply)**

**Spanish-Speaking Provider,  
 On-Site Translator,  
 Language Line**

### Q3 If you have a Spanish-Speaking Provider, what is that Provider's specialty?

Certified Spanish Interpreter

### Q4 If your organization has a Spanish-Speaking Provider or an On-Site Translator, what are their normal days/hours?

Available Tuesday - Thursday 8-430 in person. Language Line available 24/7

### Q5 Please provide a brief summary of the services that your organization provides.

Family Planning, STI, and immunization services

**Q6 Who is eligible for your services? (Select all that apply)**

**Self-Pay,  
 Medicaid/Medicare,  
 Health Share,  
 Private Insurance**

**Q7** What category does your organization fall under?

Other (please  
specify):  
Title V & Title X

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**Q8** Please list any additional resources that you can provide for the local Hispanic Community:

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**Respondent skipped this question**

# #7

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, December 10, 2018 3:39:27 PM  
**Last Modified:** Monday, December 10, 2018 3:42:56 PM  
**Time Spent:** 00:03:28  
**IP Address:** 69.138.187.28

## Page 1: Local Hispanic Resources

### Q1 Contact Information

Organization	<b>EBED Community Improvement Inc.</b>
Phone Number	<b>3013061050</b>
Address	<b>1220 Caraway Court, suite 1070</b>
Email	<b>rgraham@ebed.org</b>

**Q2** Which of the following does your organization offer? (Select all that apply) **On-Site Translator**

**Q3** If you have a Spanish-Speaking Provider, what is that Provider's specialty?

We provide Residential and Days Services for Spanish Speaking individuals.

**Q4** If your organization has a Spanish-Speaking Provider or an On-Site Translator, what are their normal days/hours?

We have managers and staff that speaks Spanish.

**Q5** Please provide a brief summary of the services that your organization provides.

We provide 24 residential group home support and day service to include job placement and support in the community.

**Q6** Who is eligible for your services? (Select all that apply)

**Self-Pay,**  
**Medicaid/Medicare,**  
 Other (please specify):  
 Department of Development Disability

**Q7** What category does your organization fall under? **Primary Care**

**Q8** Please list any additional resources that you can provide for the local Hispanic Community:

**Respondent skipped this question**

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#8

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, December 10, 2018 6:14:09 PM  
**Last Modified:** Monday, December 10, 2018 6:16:05 PM  
**Time Spent:** 00:01:56  
**IP Address:** 209.42.153.94

## Page 1: Local Hispanic Resources

**Q1 Contact Information**

Organization	<b>Medstar St. Clements</b>
Phone Number	<b>301-997-0611</b>
Address	<b>23511 Hollywood road, Leonardtown MD 20650</b>

**Q2 Which of the following does your organization offer? (Select all that apply)**

**Spanish-Speaking Provider,  
On-Site Translator**

**Q3 If you have a Spanish-Speaking Provider, what is that Provider's specialty?**

Internal medicine

**Q4 If your organization has a Spanish-Speaking Provider or an On-Site Translator, what are their normal days/hours?**

Mon,Tues, Thurs, Fri 0730-1630

**Q5 Please provide a brief summary of the services that your organization provides.**

**Respondent skipped this question**

**Q6 Who is eligible for your services? (Select all that apply)**

**Self-Pay,  
Medicaid/Medicare,  
Private Insurance**

**Q7 What category does your organization fall under?**

**Primary Care**

**Q8 Please list any additional resources that you can provide for the local Hispanic Community:**

**Respondent skipped this question**

#9

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, December 11, 2018 9:42:10 AM  
**Last Modified:** Tuesday, December 11, 2018 9:46:00 AM  
**Time Spent:** 00:03:50  
**IP Address:** 167.102.229.106

## Page 1: Local Hispanic Resources

**Q1** Contact Information

Organization	<b>Catholic Charities Dental Clinic</b>
Phone Number	<b>301 615-0940</b>
Address	<b>5859 Allentown Way, Temple Hills, Md. 20748</b>

**Q2** Which of the following does your organization offer? **Spanish-Speaking Provider**  
 (Select all that apply)

**Q3** If you have a Spanish-Speaking Provider, what is that Provider's specialty?

General Dentistry

**Q4** If your organization has a Spanish-Speaking Provider or an On-Site Translator, what are their normal days/hours?

Monday through Friday 8:30-5:00 by appointment only

**Q5** Please provide a brief summary of the services that your organization provides.

Cleanings, crowns, root canals, extractions, dentures, bridges, emergencies, fillings

**Q6** Who is eligible for your services? (Select all that apply) **Self-Pay**

**Q7** What category does your organization fall under? **Dental**

**Q8** Please list any additional resources that you can provide for the local Hispanic Community: **Respondent skipped this question**