

Agency Name: <b>Journey Home, Inc.</b>		
Address: <b>994 Long Pond Road, Rochester, NY 14626</b>		
Contact Person/Title: <b>Tracey Jagla, RN, BSN, Director</b>		
Phone No.: <b>585-225-1240</b>	Hotline No.:	Website: <a href="http://www.journeyhomegreece.org">www.journeyhomegreece.org</a>
TTY No.:	Fax No.: <b>585-227-2279</b>	Email Address: <a href="mailto:journeyhome@rochester.rr.com">journeyhome@rochester.rr.com</a>
HIV/AIDS Related Services: <b>We are a comfort care home who ministers to the dying. We are open to caring for all terminal illnesses.</b>		
Target Populations Served: <b>Terminally ill with less than 3 month prognosis.</b>		
Languages Spoken by Service Providers (including ASL): <b>English/we have ministered to one deaf client.</b>		
Regular Operating Hours: <b>Mon. – Fri., 24 hours a day</b>	How Services are Accessed: <input type="checkbox"/> Walk In <input type="checkbox"/> Appointment <input checked="" type="checkbox"/> Referral	
Payment Sources Accepted: <input checked="" type="checkbox"/> No Charge <input type="checkbox"/> Private Pay <input type="checkbox"/> HMO <input type="checkbox"/> Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Sliding Fee <input type="checkbox"/> Other _____		
Counties Served: <input type="checkbox"/> Chemung <input checked="" type="checkbox"/> Monroe <input type="checkbox"/> Schuyler <input type="checkbox"/> Steuben <input type="checkbox"/> Yates <input type="checkbox"/> Livingston <input type="checkbox"/> Ontario <input type="checkbox"/> Seneca <input type="checkbox"/> Wayne <input type="checkbox"/> Orleans <input type="checkbox"/> Genesee <input type="checkbox"/> Other: _____		
Services Provided		
<u>Counseling &amp; Testing</u> <input type="checkbox"/> HIV <input type="checkbox"/> STD <input type="checkbox"/> TB	<u>Legal</u> <input type="checkbox"/> Civil <input type="checkbox"/> Human Rights/ADA <input type="checkbox"/> Permanency Planning	<u>Mental Health</u> <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Counseling <input type="checkbox"/> Bereavement Support
<u>Domestic Violence</u> <input type="checkbox"/> Hotline <input type="checkbox"/> Housing <input type="checkbox"/> Support Groups	<u>Long-Term Care</u> <input type="checkbox"/> Home Care <input type="checkbox"/> Respite <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Home for Dying	<u>Prevention Education</u> <input type="checkbox"/> Target Group(s): <input type="checkbox"/> Interventions Delivered to Groups (IDGs) <input type="checkbox"/> Interventions Delivered to Individuals (IDIs)
<u>HIV/AIDS Case Management</u> <input type="checkbox"/> COBRA <input type="checkbox"/> Community/Supportive <input type="checkbox"/> Medical	<u>Medical Care</u> <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Clinical Trials	<u>Substance Treatment</u> <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Detox <input type="checkbox"/> Support Groups _____
<u>Housing Services</u> <input type="checkbox"/> Housing Placement & Referral <input type="checkbox"/> Security Deposit <input type="checkbox"/> Emergency Rental Assistance <input type="checkbox"/> Long/Short Term Subsidy <input type="checkbox"/> Emergency Utility Assistance	<u>Supportive Services</u> <input type="checkbox"/> Peer Support Groups <input type="checkbox"/> Structured Socialization Activities <input type="checkbox"/> Consumer Education	<u>Other</u>