

Agency Name: Metro Council for Teen Potential		
Address: 585 Joseph Ave., Rochester, NY 14605		
Contact Person/Title: Sheila Driscoll, Director		
Phone No.: 585-325-8123	Hotline No.:	Website: www.metrocouncil.us
TTY No.:	Fax No.: 585-546-1491	Email Address: Sheila_mctp@hotmail.com
HIV/AIDS Related Services: Staff training and deliver of science-based youth HIV prevention programs. Development of community message re: youth HIV prevention. Teen surveys and needs assessments. Family Talk workshops for parents.		
Target Populations Served: City of Rochester youth.		
Languages Spoken by Service Providers (including ASL): English		
Regular Operating Hours: Mon. – Fri.: 9:00a – 5:00p Nights and Weekends as needed	How Services are Accessed: <input type="checkbox"/> Walk In <input checked="" 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 & 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 checked="" 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 type="checkbox"/> Home for Dying	<u>Prevention Education</u> <input type="checkbox"/> Target Group(s): City of Rochester youth and program staff who serve the City of Rochester youth.
<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>