



COMMUNITY SUPPORT NETWORK

**CHANGING LIVES, TRANSFORMING OUR
COMMUNITIES**

COMMUNITY ENGAGEMENT PARTNERSHIP



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CSN

Community support Network

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: <https://a816-healthpsi.nyc.gov/NYHealthMap>

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

Long term care at home: <https://access.nyc.gov/programs/home-care-services-program/>

NYC Sexual Health
Clinic Hotline (347-396-7959) for telemedicine services.

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

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

Brenda Rodriguez

Carlos Marte

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? *

*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/](https://www.vipservices.org/community-support-network/)

