

HEALTH CARE

AID

Account Number Description	2004	2005	2006	***** Year 2007 *****			Budgeted	%PY
	Approp Actual	Approp Actual	Approp Actual	Dept. Request	Admin. Recmnd	Comments		

Dept: 7-01-27-360-000	HEALTH CARE AID-SOCIAL SVC AGY							

-01-27-360-000	H HEALTH CARE AID-SOCIAL SVC AGY							
-01-27-360-020	C OTHER EXPENSES							
-01-27-360-116	19,000.00	19,000.00	12,500.00	12,500.00	12,500.00		0.0	
IDS, ASSIST. & CONTRIBUTIONS	18,500.00	12,500.00	12,500.00					
Dept Total	19,000.00	19,000.00	12,500.00	12,500.00	12,500.00	.00	0.0	
	18,500.00	12,500.00	12,500.00					

1202



Francis E. Dolan, ACSW, LISW
Executive Director

Jean L. Metz, ACSW, LCSW
Director, Providence House
Domestic Violence Services

October 27, 2006

Mr. Andrew J. Salerno, Administrator
Township of Jackson
95 W. Veteran's Highway
Jackson, NJ 08527

Dear Mr. Salerno:

Providence House is a 24 hour emergency shelter and counseling program for battered women and their children. Providence House is the only shelter for these victims of domestic violence in Ocean County. Domestic violence is a crime which occurs in all municipalities, all socio-economic groups and in all races and religions. It is the single leading cause of injury to women, surpassing car accidents, rapes and muggings combined.

Among the services we provide to residents of your municipality are 24 hour hotlines, crisis intervention, counseling, information and referral, safe, confidential shelter, a children's program and a legal liaison program. We have already had the distinct pleasure of meeting with representatives of your police force to establish an affiliation agreement and offer training services.

As you may be aware, municipalities can appropriate funds to State-recognized programs for battered women. These funds can be appropriated to cover the cost of providing services to residents of your municipality as per NJSA 30:14-11. We respectfully request that you consider doing just that.

During the third quarter of 2006, we provided services to many residents of your municipality. We are requesting compensation from you only for those individuals for whom we receive no other form of payment. Therefore, we are requesting that your municipality consider authorizing payment to us in the amount of \$1,740. This represents 29 individuals served at a cost of \$60.00 per person.

Thank you for considering our request and for your anticipated support. Please don't hesitate to contact me at 732-262-3143 if you need additional information.

Sincerely,

Jean Metz, ACSW, LCSW
Service Director

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