

**ORGANIZATION PARTNER/PROGRAM INFORMATION**

ORGANIZATION NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

WEBSITE ADDRESS \_\_\_\_\_

DESCRIPTION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

INDICATE YEAR OR FISCAL YEAR FOR DATA BELOW: \_\_\_\_\_

CHILDREN 0-5 SERVED ANNUALLY (unduplicated) \_\_\_\_\_

CHILDREN 6-18 SERVED ANNUALLY (unduplicated) \_\_\_\_\_

ADULTS/PARENTS SERVED ANNUALLY (unduplicated) \_\_\_\_\_

RACE/ETHNIC BREAKDOWN BY PERCENT:

African American \_\_\_\_\_ Asian (if specific Asian type, please indicate) \_\_\_\_\_

Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ White \_\_\_\_\_ Other (list) \_\_\_\_\_

LIFE CYCLE CATEGORY TYPE OF CHILDREN AND FAMILIES SERVED – check as many as apply

Preconception \_\_\_\_\_ Birth to Age 2 \_\_\_\_\_ Toddlers (Age2-3) \_\_\_\_\_ Age 3-5 \_\_\_\_\_

Kinder – 3<sup>rd</sup> Grade \_\_\_\_\_ 4<sup>th</sup> – 8<sup>th</sup> grade \_\_\_\_\_ 9<sup>th</sup> grade to 12<sup>th</sup> grade \_\_\_\_\_ Age 18-24 \_\_\_\_\_

Above Age 24 \_\_\_\_\_

SECTOR TYPE – check as many as apply

Pregnancy/Health \_\_\_\_\_ Mental Health/Substance Use \_\_\_\_\_ Early Childhood \_\_\_\_\_

Education K-12 \_\_\_\_\_ Post-secondary Education \_\_\_\_\_ Government \_\_\_\_\_

Justice/Law Enforcement \_\_\_\_\_ Public Agency \_\_\_\_\_ Other \_\_\_\_\_



**SPECIFIC PROGRAM LIST**

**NAME:** \_\_\_\_\_

**TARGET POPULATION:** \_\_\_\_\_

**NUMBER SERVED ANNUALLY** \_\_\_\_\_ **IS THERE A WAIT LIST?** \_\_\_\_ **HOW MANY?** \_\_\_\_\_

**SERVICE DAYS AND HOURS** \_\_\_\_\_

**TYPES OF PAYMENT ACCEPTED:** FREE \_\_\_\_ FEE-BASED \_\_\_\_ MEDI-CAL \_\_\_\_ PRIVATE  
INSURANCE \_\_\_\_ SLIDING SCALE \_\_\_\_ MEDICARE/MEDI-CAL \_\_\_\_

**CALL FIRST FOR INFORMATION** \_\_\_\_\_

**REFERRAL REQUIRED?** YES \_\_\_\_ NO \_\_\_\_

**Other** \_\_\_\_\_

**NUMBER SITES** \_\_\_\_\_ **CITIES OF SITES** \_\_\_\_\_

**TRANSPORTATION ASSISTANCE PROVIDED?** \_\_\_\_\_ **HOW?** \_\_\_\_\_

**LANGUAGES:** SPANISH \_\_\_\_ HMONG \_\_\_\_ LAO \_\_\_\_ THAI \_\_\_\_ PUNJABI \_\_\_\_ HINDI \_\_\_\_

**ENGLISH** \_\_\_\_ **OTHER** \_\_\_\_\_

**DATA COLLECTED TO SHOW SUCCESS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DATA SYSTEMS UTILIZED FOR REPORTING** \_\_\_\_\_

\_\_\_\_\_

**PROGRAM CONTACT NAME AND TITLE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

Please return this sheet electronically to [info@fresnoc2c.org](mailto:info@fresnoc2c.org).  
Questions, contact [brookefrost@live.com](mailto:brookefrost@live.com)