CRADLE TO CAREER
FRESNO COUNTY

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.
Questions, contact brookefrost@live.com