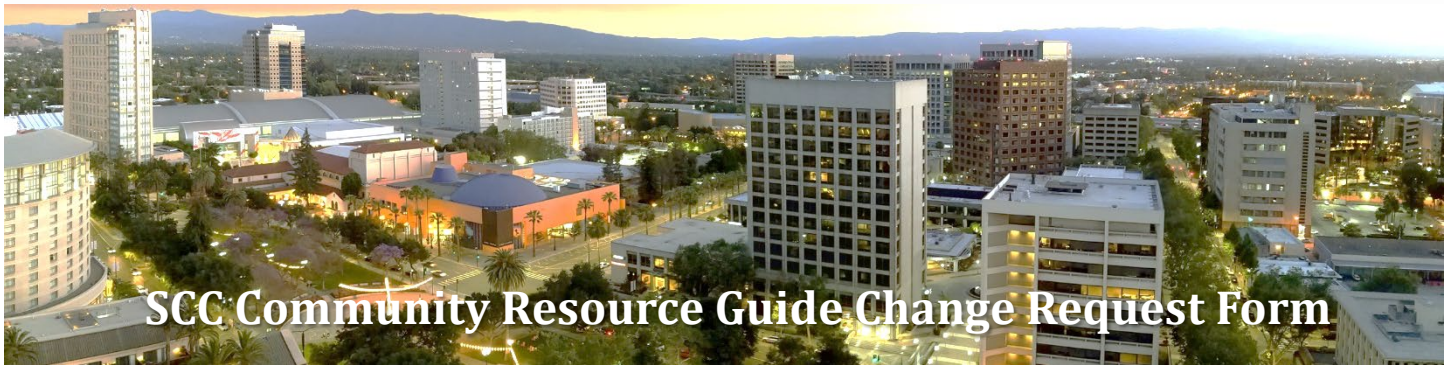


RESOURCE GUIDE



Instructions:

Indicate below all information about your agency/program. **Please proofread and assure all the information is completely true and correct.** Online version of the DEBS Resource Guide will be updated and published on a periodic basis. For update requests, please send us your filled DEBS Resource Guide Add Request Form before the following submission dates:

Submission Date:

January 31

May 31

August 31

November 30

Publish Date:

First week of April

First week of July

First week of October

First week of January

Email your filled-in request form and agency logo to: Program_Info@ssa.sccgov.org

Type of Request:

☐

Add New Agency

☐

Revise Information

☐

Delete an Agency

Check all categories applicable according to your services:

☐

Dept. in Social Services Agency

☐

Educational Support for Adults

☐

Transportation Resources

☐

Dept. in County of Santa Clara

☐

Employment Resources

☐

Other Support Resources

☐

Emergency & Homeless Assistance

☐

Food Resources

(Legal Services, Refugee Resources, Financial Assistance, Tax Services, etc.)

☐

Family and Children Resources

☐

Health Care Resources

☐

Domestic Violence Resources

☐

Housing Resources

Contact person's information for any questions or clarifications about this submission:

Contact's Name:

Phone:

Email:

Agency/Program Contact Information:

ALL INFORMATION PROVIDED MUST BE COMPLETELY TRUE AND CORRECT

Agency/Program Name:

Location: [Street No., Street Name, City, CA, Zip Code]

Website Link: [if any]

Phone #1:

Phone #1 description: [optional—ex. Hotline, Advice Line]

Phone/Fax #2: [optional]

Phone/Fax #2 description: [optional—ex. Hotline, Advice Line]

Phone/Fax #3: [optional]

Phone/Fax #3 description: [optional—ex. Hotline, Advice Line]

Email #1:

Email #2: [optional]