



Linking Systems of Care: Resource Mapping Provider Template

Resource Information Sheet (Complete for each resource or service provider)

Resource Heading:

- Alcohol and other Drug Treatment
- Arts
- Athletics
- Child Care
- Cultural
- Education
- Employment/Job Training/Exploration
- Family Advocacy
- Family Treatment
- Health
- Homeless Services
- Housing
- Informal Relationships
- Law Enforcement
- LGBTQAI
- Literacy
- Mental Health
- Mentoring (formal)
- Recreation
- Service Organizations
- Shelter
- Social Services/Child Welfare
- Spiritual
- Support Group
- Transportation
- Volunteer and Services
- Other _____

Organization:	
Contact:	
Type:	<input type="checkbox"/> Public <input type="checkbox"/> Community-Based <input type="checkbox"/> Educational <input type="checkbox"/> Non-Profit <input type="checkbox"/> Faith-Based <input type="checkbox"/> For Profit
Address:	Street or PO Box: City: State: Zip:
Phone:	Primary: Secondary: Fax:
Email:	
Website:	

Geographic Area:	1. What geographic region is covered? <input type="checkbox"/> Neighborhood / District <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Other Additional Locations? (list addresses)		
Client Characteristics	a. Gender	b. Age groups served include?	c. Ethnicity of groups served?
	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
	<input type="checkbox"/>	<input type="checkbox"/> 0-5	<input type="checkbox"/> African American
	<input type="checkbox"/> Male	<input type="checkbox"/> 6-14	<input type="checkbox"/> Asian
	<input type="checkbox"/> Female	<input type="checkbox"/> 14-16	<input type="checkbox"/> Caucasian
	<input type="checkbox"/> Transgender	<input type="checkbox"/> 16-18	<input type="checkbox"/> Hispanic
		<input type="checkbox"/> 18-20	<input type="checkbox"/> Native American
Services Offered:	<ul style="list-style-type: none"> ▪ ▪ ▪ Are Court referrals accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Referral:	Referral Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Waiting List: <input type="checkbox"/> Yes <input type="checkbox"/> No By Whom: Items Needed for First Appt.:		

	Steps/Conditions/Restrictions (Geog., Age, Gender):
Fee/Insurance:	Types:
Transportation:	Provided for Clients? <input type="checkbox"/> Yes <input type="checkbox"/> No Other:
Additional Notes:	