Resource Network Directory Page

Parents as Teachers™

Type of service: _____

Resource name: _____

Address: _____

Phone:_____ Emergency/hotline: _____

Fax: _____ E-mail: _____

Internet homepage: _____ Hours of operation: _____

Contact person(s):_____ Position:_____

Procedure for contacting (self-referral or agency referral): _____

Available services:

Critieria for receiving services: _____

Documentation needed (proof of residence, Social Security card, and so on): _____

Fees (if any): _____

Information first compiled: _____ Updated: _____

Additional comments: