*[INSERT AGENCY AND LOGO HERE]*

# **Local Resources List**

Use this template to keep track of free and low-cost health and social services and other resources available in the community. This list may include service providers that your agency has formal or informal referral agreements with. **The starred items indicate services and resources that the Title X Program’s** [**Code of Federal Regulations**](https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.5) **requires grantees to provide referrals for.**

Add the name of the service provider or resource in the left column. Modify the template as needed to fit your agency’s needs. Review and update your completed list each year.

## Other Health Care Services

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Provider/ Resource** | **Services Provided** | **Hours** | **Contact Information** |
| *Sample:*  *ABC Local Clinic* | * *Primary care services* * *Chronic disease management* | *M-F, 9-5*  *Sat, 9-12* | *ABC Local Clinic*  *100 Main St.*  *Everytown, USA*  *1-234-567-8910*  *info@service.com* |

### Reproductive health

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Provider/ Resource** | **Services Provided** | **Hours** | **Contact Information** |
| \*Prenatal care |  |  |  |
| \*Pregnancy termination  (e.g., AbortionFinder.org) |  |  |  |
| \*Infertility specialty care |  |  |  |
| \*STD specialty care |  |  |  |
| Specialty GYN |  |  |  |
| LGBTQ+ specialty care |  |  |  |
| Colposcopy |  |  |  |
| Genetic counseling |  |  |  |

### Primary care and public health

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Provider/ Resource** | **Services Provided** | **Hours** | **Contact Information** |
| \*Primary care/chronic disease management |  |  |  |
| Community health centers |  |  |  |
| Pediatrics |  |  |  |
| **\***Local health department |  |  |  |
| **\***Hospital |  |  |  |

### Other specialties

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Provider/ Resource** | **Services Provided** | **Hours** | **Contact Information** |
| \*Behavioral health |  |  |  |
| Dermatology |  |  |  |
| Dentistry/oral health |  |  |  |
| Mammography, ultrasound, and other imaging |  |  |  |
| Substance use treatment |  |  |  |
| Nutritionist/dietitian |  |  |  |
| Weight management |  |  |  |
| Sleep centers |  |  |  |
| Health care navigation and support (e.g., doulas, CHWs) |  |  |  |
| *Add other health care service providers and/or resources, as needed* |  |  |  |

## Social and Ancillary Services

### Food/nutrition

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Provider/ Resource** | **Services Provided** | **Hours** | **Contact Information** |
| \*Supplemental Nutrition Assistance Program (SNAP), also known as food stamps |  |  |  |
| Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) |  |  |  |
| Food pantry/bank and other emergency food sources |  |  |  |
| Other food access/ nutrition services (e.g., farmers market, community garden, grocery distribution) |  |  |  |

### Child welfare

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Provider/ Resource** | **Services Provided** | **Hours** | **Contact Information** |
| \*Adoption |  |  |  |
| \*Welfare/Temporary Assistance for Needy Families (TANF) |  |  |  |
| \*Child care, infant care |  |  |  |
| \*Child protective services, foster care |  |  |  |
| Adult basic education |  |  |  |
| Colleges and universities |  |  |  |

### Mental health and substance use

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Provider/ Resource** | **Services Provided** | **Hours** | **Contact Information** |
| Suicide hotline |  |  |  |
| Intimate partner violence |  |  |  |
| Smoking cessation |  |  |  |
| Alcohol cessation support (e.g., Alcoholics Anonymous) |  |  |  |
| Substance use services providers |  |  |  |

### Physical activity

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Provider/ Resource** | **Services Provided** | **Hours** | **Contact Information** |
| Outdoor spaces for physical activity (e.g., local park/recreational area, school track/field) |  |  |  |
| Physical activity programs (e.g., fitness and wellness classes) |  |  |  |

### Housing and transportation

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Provider/ Resource** | **Services Provided** | **Hours** | **Contact Information** |
| Housing assistance / emergency housing |  |  |  |
| Home energy/utilities |  |  |  |
| \*Transportation |  |  |  |

### Other social and ancillary services

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Provider/ Resource** | **Services Provided** | **Hours** | **Contact Information** |
| \*Language interpretation services |  |  |  |
| Immigrant and refugee programs |  |  |  |
| Legal aid |  |  |  |
| LGBTQ+ serving organizations |  |  |  |
| Community action agencies |  |  |  |
| Reproductive justice organizations |  |  |  |
| Unemployment office |  |  |  |
| *Add other social and ancillary service providers and/or resources, as needed* |  |  |  |