# [Name of organization] [*Name of Program*]

[Brief description of services—not to exceed 1 paragraph] **[url to website]**

**To Get Connected**

**Contact:** [Name of Department/Reception—do not list staff names]

**Email:** [XXXX]

**Phone:** [(XXX) XXX-XXXX] **Fax**: (415) 671-4009

**Location:** [Address, City, State]

**Hours:** [Days/Hours i.e. 8-5 M-F]

**Notes:** [Notes that relate to accessing the program/services].

**Things To Know**

**Languages Spoken:** [Langauge services are provided i.e. English, Spanish, Manderin]

**What to Bring:** [i.e.CA ID, Social Security Card]

**Accessibility:** [i.e. Wheelchair accessible]

**Client fees, if any:** [Client cost for services]

**Eligible Population:** [Individuals your organization primarily serves]

**Faith Based:** [Yes/No]

**Direct Services:** [Please lead with primary service i.e . Residential Treatment; Employment Placement; Money Management/Personal Financial Education; Mentoring.; Community Circles, Education; Access to Internet; Benefits Assitance]