

# 15 rev Edition Surviving Parenthood Updates or Additions

Date:

Name of Agency:

Website Address:

Phone Number:

Main Address:

City/State:

Zip Code:

Description of Services Offered: (Please describe in 75 words or less). By filling out this form, you authorize the Child Abuse Prevention Council of Contra Costa County to condense this information as deemed necessary.

*Note: If you could provide a translation of services offered in Spanish, attach another form. Thanks!*

Hours of services:

Languages spoken:

Are interpreters available? Which languages?

Cost of services:

Ages served:

Gender/Sexual Orientation served:

What qualifications are required to access services:

California Counties Served:

Please note the following:

Your agency's information will be included in the Surviving Parenthood Resource Directory 15 rev. Edition online brochure, as well as any newly printed copies of the 15 rev. Edition. To see a copy, go to: [www.capc-coco.org](http://www.capc-coco.org)

E-mail this completed document(s) as an attachment to [info@capc-coco.org](mailto:info@capc-coco.org) or fax to 925-798-0756.

We cannot accept hand written entries.