**Module 3, Assignment 1: Resource List for Referrals**

Instructions: Fill in all of the missing contact information on the following form. Once created, you will have a convenient list of contacts to use when assisting clients. This assignment is also designed to help you become more familiar with the resources available to your clients.

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| **BHA/P List of Resources** |
| **Emergency Services** |
| **Referral Type** | **Contact Information** | **Contact Information** |
| **Medical** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Law Enforcement** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Crisis Line** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Other** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Mental Health** |
| **Referral Type** | **Contact Information** | **Contact Information** |
| **Individual Therapy** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Family Therapy** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Mental Health (continued)** |
| **Group Therapy** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Substance Abuse Treatment**  | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Local Support Group** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Medical** |
| **Referral Type** | **Contact Information** | **Contact Information** |
| **CHA/P** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Medication Management** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Traumatic Brain Injury** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Nutritional Guidance** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Medical (continued)** |
| **Other Medical Needs** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Testing and Assessment** |
| **Referral Type** | **Contact Information** | **Contact Information** |
| **Neuropsychological** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Academic** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Speech/Language** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Fetal Alcohol Spectrum Disorder** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Social Services** |
| **Referral Type** | **Contact Information** | **Contact Information** |
| **Transportation Assistance** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |

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| **Social Services (continued)** |
| **Head Start/Preschool** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Educational Assistance** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Legal Assistance** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Transitional Services** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Vocational Training** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Subsistence Activities** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Domestic Violence (Shelter/Services)** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |
| **Sexual Assault Response** | **Organization:****Contact Name:** **Phone:** **Email:** | **Organization:****Contact Name:** **Phone:** **Email:** |