	Town/city	Services provided	Languages	Ages served	Genders served	Hours of operation	Barriers to access	Specialty programming	Phone number	Website	Point of contact	Have they been contacted?	been	Date of training
Type of resource	Be sure to use full name, separate entries with commas	This column will be for internal purposes only	Be sure to list full name of language(s) with a comma separating each	Children = under 18; Youth = 16-24; Adults = 18 or over, or input specific age range	Use the drop down list, you will have to type them if it is more than one so just be sure to use the same language from the drop down list		This column will be for internal purposes only	Do they offer specific programming for certain identities or lived experiences; i.e. A peer support group for LGBTQ youth.						Use form: 01/01/20
CASE MANAGEMENT			_	J	_ ×									
CHEMICAL DEPENDENCY												FALSE	FALSE	
												FALSE	FALSE	
CRISIS SUPPORT												FALSE	FALSE	
DAY DROP IN CENTERS												FALSE	FALSE	
DHS/CHILD AND ADOLESCENT SERVICES												FALSE	FALSE	
DISABILITY SERVICES														
EDUCATION/Job Training														
FINANCIAL ASSISTANCE														
HOUSING Long term														
Short term														
Emergency														
IMMIGRATION														
I AW ENEODCEMENT												FALSE	FALSE	
LAW ENFORCEMENT												FALSE	FALSE	
LEGAL														
MEDICAL														
MENTAL HEALTH														
MENTALTICALTI												FALSE	FALSE	-
MENTORSHIP PROGRAMS/SUPPORT GROUPS									•					
SEX ASSAULT/DOMESTIC VIOLENCE RESOURCES														
TRANSPORTATION												FALSE	FALSE	
Additional Statewide Resources														
Services	Agency	Contact	Phone	Hours	Email	Information								
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	Town/city	Services provided		Ages served		Hours of operation	Barriers to access	Specialty programming	Phone number	Website	Point of contact	Have they been contacted?	been	Date of training
Type of resource	Be sure to use full name, separate entries with commas	This column will be for internal purposes only	Be sure to list full name of language(s) with a comma separating each	Children = under 18; Youth = 16-24; Adults = 18 or over; or input specific age range	Use the drop down list, you will have to type them if it is more than one so just be sure to use the same language from the drop down list		This column will be for internal purposes only	Do they offer specific programming for certain identifies or lived experiences, i.e. A peer support group for LGB TO youth.						Use form: 01/01/20
													ENLOG	
NATIONAL CRISIS HOTLINES													FALSE FALSE	
Name	Contact	Services											FALSE	
National Human Trafficking Hotline	1-888-373-7888; Or text HELP or INFO to BeFree (233733)	24/7 Human Trafficking & Nationwide Services											FALSE	
National Suicide Hotline	1-800-SUICIDE TTY: 1-800-799-4889 Spanish: 1-800-SUICIDA	24/7 Nationwide Suicide Prevention Services											FALSE	
Trevor Project	1-866-488-7386; Text START to 678678	24/7 Suicide Prevention - LGBTQIA+ Youth											FALSE	
National Sex Assault Hotline	1-800-656-HOPE	Nationwide Services											FALSE	
National Domestic Violence Hotline	1-800-799-SAFE TTY: 1-800-787-3224	Nationwide Services											FALSE	
National Teen Dating Abuse Hotline	1-866-331-9474; TTY: 1-866-331-8453 1-800-4-A-CHILD	Nationwide Services											FALSE	
National Child Abuse Hotline	TTY 1-800-2-A- CHILD	Nationwide Services											FALSE	
National Elder Abuse Hotline	1-800-252-8966	Nationwide Services											FALSE	
National Center for Missing and Exploited Children	1-800-843-5678	Report Missing Children and Child Exploitation; Nationwide Services											FALSE	
FBI Innocence Lost	1-800-CALL FBI TTY: 1-800-225-5324	Report Child Trafficking Nationwide											FALSE	
Trans Lifeline	1–877–565–8860	Peer support for Transgender individuals 9am-3am CT											FALSE	
Strong Hearts Native Helpline	1-844-762-8483	Domestic Violence and Sexual Assault Services for Native Communities, 7am-10pm CT											FALSE	
National Runaway Hotline	1-800-621-4000											FALSE	FALSE	1

Training trauma Covid? What organization informed? Notes Me	itact for nmunity eeting
Acceptable training organizations: For example: Council, LCHT, BATT, SOAR (online), NHHTAC. This column will be for internal purposes only lifthours or protocools have should be noted here should be noted here	
CASE MANAGEMENT	
CHEMICAL DEPENDENCY	
CHEMICAL DEPENDENCY	
CRISIS SUPPORT	
DAY DROP IN CENTERS	
STORY TO STILL	
DHS/CHILD AND ADOLESCENT SERVICES	
DISABILITY SERVICES	
EDUCATION/Job Training	
FINANCIAL ASSISTANCE	
HOUSING	
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Short term	
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SEX ASSAULT/DOMESTIC VIOLENCE RESOURCES	
TRANSPORTATION	
INAME OF A LOCAL	
Additional Statewide Resources	
Services	
Services	
Services	
Services	

	Training organization	Are they trauma informed?	Have things shifted with Covid? What has changed?	Notes	Contact for Community Meeting
Type of resource	Acceptable training organizations: For example: Council, LCHT, BATT, SOAR (online), NHHTAC	This column will be for internal purposes only	If hours or protocols have shifted temporarily that should be noted here		
NATIONAL CRISIS HOTLINES					
Name					
National Human Trafficking Hotline					
National Suicide Hotline					
Trevor Project					
National Sex Assault Hotline					
National Domestic Violence Hotline					
National Teen Dating Abuse Hotline					
National Child Abuse Hotline					
National Elder Abuse Hotline					
National Center for Missing and Exploited Children					
FBI Innocence Lost					
Trans Lifeline					
Strong Hearts Native Helpline					
National Runaway Hotline				ļ	