

Community Resource Guide Information Form

Please complete this form with the information you would like to have on the Community Resource Guide and email it to mofsd@gov.ky. Updates will be kept on file and added during the next revision.

Entity Name	
Description of Entity, including programmes and services	
Key Words	<input type="checkbox"/> children <input type="checkbox"/> youth <input type="checkbox"/> adults <input type="checkbox"/> older persons <input type="checkbox"/> disability services <input type="checkbox"/> substance use <input type="checkbox"/> financial assistance <input type="checkbox"/> mental health <input type="checkbox"/> residential <input type="checkbox"/> hospital <input type="checkbox"/> medical <input type="checkbox"/> domestic violence <input type="checkbox"/> food security <input type="checkbox"/> parenting <input type="checkbox"/> training <input type="checkbox"/> other: _____
Physical and/or P.O. Box	
Phone Number	
Email Address	
Website	
Additional Details	

Please provide additional contact details below so we can reach out to you if we need to clarify the information above or seek further details.

Contact Name: _____

Contact Number: _____

Contact Email Address: _____