Resource Survey

Organiza	tion Name			
Address				
City		State	Zip Code	
Phone				
Contact Name:		Title:		
Check A	ll That Apply:			
Target S	ervice Population:			
N	[en_ Women_ Children_	Elderly	YouthGay/Lesb	ian
F	Iispanic Black White	_ Asian	Other:	
Services:	fental Health Educational_	Health	Legal Econom	ic
R	decreational Information a	nd Referral_	Social	
Fees:	\$/hrSliding Scale Medicare	Insurance	eMedicaid	

^{**}Please attach any written material that describes your services/programs.

ENLACE
Spanish-Speaking Hotline

Description of the Organization: (1 paragraph)

What is the organizational structure? (ie., board of directors)

Size of the Board:

Composition of the Board: (ie., number of men, women, hispanics, etc.)

Non-Profit? Yes or No

Please send to:

Enlace, Hotline P.O. Box 45211 Washington, D.C. 20026