Organizations and Programs that Provide Health Care, Social Services and Support

Resources in Our Community for Women, Children and Families

Find out as much as you can about organizations in your Healthy Start service area that support the health and basic needs of pregnant women, infants, children and families. Seek out and visit programs in your community. Ask Healthy Start team members, friends and family, and your Healthy Start participants for their ideas. Use this worksheet to keep a list of what you find out.

Organization Name:

Developed by JSI for the Healthy Start EPIC Center

Phone Number:

Address:

Hours:

Notes:

Hospitals

Address:

Hours:

Notes:

Organization Name:

Phone Number:

Community Health Centers and Clinics	
Organization Name:	Organization Name:
Address:	Address:
Phone Number:	Phone Number:
Hours:	Hours:
Notes:	Notes:

Community Health Centers and Clinics (continued)

Organization Name:

Phone Number:	Phone Number:
Hours:	Hours:
Notes:	Notes:
Behavioral Health Services and Programs Behavioral health services include mental health services and substance use treatment and recovery services. Include community mental health centers/clinics, substance use treatment programs, domestic violence programs, counseling services and crisis hotlines.	
Organization Name:	Organization Name:
Organization Name:	Organization Name:
Organization Name: Address:	Organization Name: Address:
Address:	Address:
Address: Phone Number:	Address: Phone Number:
Address: Phone Number: Hours:	Address: Phone Number: Hours:

Organization Name:



Behavioral Health Services and Programs (continued)

Organization Name:

Address:	Address:
Phone Number:	Phone Number:
Hours:	Hours:
Notes:	Notes:
Health Insurance and Medicaid Since Medicaid is a state-federal partnership and, Medicaid may go by a different name in your state. Include state or county Medicaid office and information line, and also organizations in the community that offer health insurance enrollment assistance.	
Organization Name:	Organization Name:
Address:	Address:
Phone Number:	Phone Number:
Hours:	Hours:
Notes:	Notes:

Organization Name:



Food and Nutrition Assistance Programs
Supplemental Nutrition Assistance Program (SNAP) and Women, Infants, and Children (WIC)

Organization Name:	Organization Name:
Address:	Address:
Phone Number:	Phone Number:
Hours:	Hours:
Notes:	Notes:
Food Assistance Programs (Examples: food pantries, soup kitchens, summer/after school meal programs for children, other	
hunger relief programs)	
Organization Name:	Organization Name:
Address:	Address:
Phone Number:	Phone Number:
Hours:	Hours:
Notes:	Notes:



Other Assistance Programs
(Examples: housing assistance, shelters, fuel assistance, other emergency assistance programs for basic needs, legal aid)

Organization Name:	Organization Name:
Address:	Address:
Phone Number:	Phone Number:
Hours:	Hours:
Notes:	Notes:
Organization Name:	Organization Name:
Address:	Address:
Phone Number:	Phone Number:
Hours:	Hours:
Notes:	Notes:



Education Programs for Adults(Examples: Community colleges, adult education and literacy, General Education Development (GED), community education programs, libraries, employment training centers)

Organization Name:	Organization Name:
Address:	Address:
Phone Number:	Phone Number:
Hours:	Hours:
Notes:	Notes:
Organization Name:	Organization Name:
Address:	Address:
Phone Number:	Phone Number:
Hours:	Hours:
Notes:	Notes:



Head Start and Early Head Start

Organization Name:	Organization Name:
Address:	Address:
Phone Number:	Phone Number:
Hours:	Hours:
Notes:	Notes:

Public Schools

Organization Name:	Organization Name:
Address:	Address:
Phone Number:	Phone Number:
Hours:	Hours:
Notes:	Notes:



Public Schools (continued)

Organization Name:

Address:	Address:
Phone Number:	Phone Number:
Hours:	Hours:
Notes:	Notes:
Community Gathering Places (Examples: community centers, churches/places of worship, YMCA/YWCA, cultural organizations, immigrant and refugee organizations)	
Organization Name:	Organization Name:
Address:	Address:
Phone Number:	Phone Number:
Hours:	Hours:
Notes:	Notes:

Organization Name:



Community Gathering Places (continued)

Organization Name.	Organization Name.
Address:	Address:
Phone Number:	Phone Number:
Hours:	Hours:
Notes:	Notes:
Other Organizations	
Organization Name:	Organization Name:
Address:	Address:
Phone Number:	Phone Number:
Hours:	Hours:
Notes:	Notes:

