



Look in the community/region your agency serves and note where your clients would be able to access the services below.

Make sure to include your agency when appropriate.

For each agency you list below, use the back page as a guide for determining all relevant info to ensure you'll be able to make a quality referral for your client.

Sexual and Intimate Partner Violence Resources	Perinatal care (prenatal, birth, post-partum)
Barrier Methods & Lube	Parenting Resources
HIV & STI Testing	Abortion Provider(s)
Pregnancy Testing	Abortion Funding & Practical Support
HIV Prevention (PrEP & PEP)	Adoption Resources
HIV Treatment & Care	Cervical/Breast Cancer Vaccines and Screening
Birth Control and Emergency Contraception	Harm Reduction & Substance Use Resources
Fertility Treatments	Other



## **Agency Name:**

Address & Phone Number:	Hours of Operation:
Website:	Site Contact:
Services Provided:	
Eligibility Criteria and Required Do	cuments:
Intake Process (in-person, online a	application, etc.):
Accessibility (near a bus/metro stodisabilities, parking fees, language	op, access for clients with physical e(s) spoken) :
Wait times:	
Fees/Insurance/Payment Options	S:
Other:	