

# 14 Rev. Edition

## Surviving Parenthood

### Updates or Additions

Date: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Website Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Main Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of Services Offered: (Please describe in 75 words or less). By filling out this form, you authorize the Child Abuse Prevention Council to condense this information as deemed necessary.

*Note: If you could provide a translation of services offered in Spanish, attach another form. Thanks!*

Hours of Services: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Are there interpreters available? \_\_\_\_\_

Cost of Services: \_\_\_\_\_

Please note the following:

Your agency's information will be included in the Surviving Parenthood 14 Rev. Edition online brochure, as well as any newly printed copies of the 14 Rev. Edition.

Please e-mail this completed document as an attachment to [info@capc-coco.org](mailto:info@capc-coco.org) or fax to 925-798-0756.

**WE WILL NOT ACCEPT HAND-WRITTEN INFORMATION.**

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FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Date information included on the CAPC Website: \_\_\_\_\_