



Pierce County Resources

Resource Information

Organization: _____ Date: _____

Address: _____
Street Address *Suite #*

_____ _____
City *State* *ZIP*

Phone Number: _____ Website: _____

Select Resources Offered: (check all that apply)

* Indicates further information needed below

- | | | |
|--|--|--|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> HIV/AIDS* | <input type="checkbox"/> Rental Assistance |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Homeless Outreach | <input type="checkbox"/> Senior & Elderly Services |
| <input type="checkbox"/> Dental Care* | <input type="checkbox"/> Housing Authorities | <input type="checkbox"/> Sexual Assault or Domestic Violence |
| <input type="checkbox"/> Detox Facility | <input type="checkbox"/> Housing Coordinators | <input type="checkbox"/> Tax Preparation |
| <input type="checkbox"/> Disability Services* | <input type="checkbox"/> Legal Aid | <input type="checkbox"/> Telephone Assistance |
| <input type="checkbox"/> Domestic Violence Shelter | <input type="checkbox"/> LGBTQIA | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Drug & Alcohol Treatment* | <input type="checkbox"/> Low Income Home Ownership | <input type="checkbox"/> Transportation Assistance |
| <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Medical Care* | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Mental Health Care* | <input type="checkbox"/> Vocational or Community College |
| <input type="checkbox"/> Employment & Job Training | <input type="checkbox"/> Pet Care & Supplies | <input type="checkbox"/> Youth & Young Adult |
| <input type="checkbox"/> Food Banks | <input type="checkbox"/> Post-Incarceration Services | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Free Activities | <input type="checkbox"/> Pregnancy Services* | |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Prescription Assistance* | |

Gender-specific Resources? Males Only Females Only All Genders

Days of Operation? Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours of Operation? _____

Insurance Information

Insurance Accepted? Medicaid Medicare Private