

If your agency provides services designed to support pregnant and parenting women and fit within one of the following categories, please complete the form below and submit to [BWCHinformedconsent@azdhs.gov](mailto:BWCHinformedconsent@azdhs.gov) for consideration to be listed in the resource manual.

Hotlines	Resource Centers	Peer Support Groups
Support Services	Diaper Bank	Crisis Pregnancy Services
Adoption	Housing	Health Care

## Potential Resource for Informed Consent Website

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

Non-Profit Status:      Yes      No

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

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

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

**Provide a description of the services provides including target population, eligibility criteria if any, geographic service area, and whether clients are charged any fees for receiving services.**