

LOCAL CONTACT LIST

DEPARTMENT OF CHILDREN AND FAMILIES

1. **Family Safety and Preservation**

Contact Person: _____ Phone # _____

Child Protective Investigations

Contact Person: _____ Phone # _____

Subsidized Child Care

Contact Person: _____ Phone # _____

Family Support and Prevention

Contact Person: _____ Phone # _____

Permanency Planning

Contact Person: _____ Phone # _____

Domestic Violence Programs

Contact Person: _____ Phone # _____

2. **Alcohol, Drug Abuse and Mental Health**

Contact Person: _____ Phone # _____

Community Mental Health

Contact Person: _____ Phone # _____

Individual, Group and Family Therapy

Contact Person: _____ Phone # _____

Crisis Programs

Contact Person: _____ Phone # _____

Adult Mental Health

Contact Person: _____ Phone # _____

Geriatric Services

Contact Person: _____ Phone # _____

Chemical Dependency Programs

Contact Person: _____ Phone # _____

Children's Services

Contact Person: _____ Phone # _____

3. **Developmental Services**

Contact Person: _____ Phone # _____

4. **Economic Self Sufficiency**

Contact Person: _____ Phone # _____

5. **Specialized Services**

Abuse Hotline

Contact Person: _____ Phone # _____

Client Rights

Contact Person: _____ Phone # _____

Volunteer Services

Contact Person: _____ Phone # _____

One Church, One Child

Contact Person: _____ Phone # _____

Case Review Committee

Contact Person: _____ Phone # _____

DEPARTMENT OF HEALTH

1. **Children's Medical Services**

Contact Person: _____ Phone # _____

Family Resource Specialist

Contact Person: _____ Phone # _____

2. **Health**

Contact Person: _____ Phone # _____

3. **Healthy Start**

Contact Person: _____ Phone # _____

SCHOOL SYSTEM

Student Services Director

Contact Person: _____ Phone # _____

School Psychologist

Contact Person: _____ Phone # _____

School Social Worker

Contact Person: _____ Phone # _____

Guidance Counselor

Contact Person: _____ Phone # _____

School Nurse

Contact Person: _____ Phone # _____

Vocational Specialist

Contact Person: _____ Phone # _____

Speech and Language Therapist

Contact Person: _____ Phone # _____

Occupational Therapist

Contact Person: _____ Phone # _____

ESE Director

Contact Person: _____ Phone # _____

FDLRS

Contact Person: _____ Phone # _____

Adult and Community Education Director

Contact Person: _____ Phone # _____

Alternative Education

Contact Person: _____ Phone # _____

Regular Education Services

Contact Person: _____ Phone # _____

SEDNET

Contact Person: _____ Phone # _____

Title I

Contact Person: _____ Phone # _____

ESOL

Contact Person: _____ Phone # _____

School Accountability

Contact Person: _____ Phone # _____

JUVENILE JUSTICE, LEGAL AND COURT SYSTEMS

1. **Police Department**
Contact Person: _____ Phone # _____
2. **Sheriff's Department**
Contact Person: _____ Phone # _____
3. **Juvenile Court**
Contact Person: _____ Phone # _____
4. **Public Defender**
Contact Person: _____ Phone # _____
5. **Legal Aid Foundation**
Contact Person: _____ Phone # _____
6. **Legal Services, Inc.**
Contact Person: _____ Phone # _____
7. **Guardian Ad Litem**
Contact Person: _____ Phone # _____
8. **Victim's - Witness Assistance Unit**
Contact Person: _____ Phone # _____
9. **Bureau of Crimes Compensation and Victim Witness Services**
Contact Person: _____ Phone # _____
10. **Department of Juvenile Justice**
Contact Person: _____ Phone # _____

SPECIALIZED SUPPORT AGENCIES

- 1. **Recreation Department (City Service)**
Contact Person: _____ Phone # _____

- YMCA**
Contact Person: _____ Phone # _____

- Boy Scouts**
Contact Person: _____ Phone # _____

- Girl Scouts**
Contact Person: _____ Phone # _____

- 2. **Counseling and Support Groups**
Hospice
Contact Person: _____ Phone # _____

- Private Therapists**
Contact Person: _____ Phone # _____

- Spouse Abuse Shelters**
Contact Person: _____ Phone # _____

- 3. **Teen Pregnancy Service**
Children's Home Society
Contact Person: _____ Phone # _____

- Planned Parenthood**
Contact Person: _____ Phone # _____

- 4. **Parent Education and Support**
Contact Person: _____ Phone # _____

- Family Network on Disabilities**
Contact Person: _____ Phone # _____

- Florida Prevention Association**
Contact Person: _____ Phone # _____

- 5. **Job-Related Services**
Job Corps
Contact Person: _____ Phone # _____

Vocational Rehabilitation

Contact Person: _____ Phone # _____

AA/ALA TEEN/AL-ANON

Contact Person: _____ Phone # _____

Narcotics Anonymous

Contact Person: _____ Phone # _____

Overeaters Anonymous

Contact Person: _____ Phone # _____

Parents Network

Contact Person: _____ Phone # _____

Foster Grandparents

Contact Person: _____ Phone # _____

Parent Care

Contact Person: _____ Phone # _____

6. **Other**

Public Library

Contact Person: _____ Phone # _____

Transportation

Contact Person: _____ Phone # _____

United Way

Contact Person: _____ Phone # _____

Hospitals

Contact Person: _____ Phone # _____

Information and Referral Service

Contact Person: _____ Phone # _____

University

Contact Person: _____ Phone # _____