



Center for Strong Families
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Agency Questionnaire

For listing in the Parent Trust for Washington Children searchable database

***Program Type:** (Select one)

___ Class ___ Group ___ Agency ___ Event

Program Name:

Program Description:

Keywords: (Circle a *maximum* of **five** applicable keywords, and a minimum of **one**. *Please do not add keywords.*)

ADD/ADHD Abuse Adoption Anger Management Autism Baby Basic Needs Breastfeeding Childbirth Childcare
 Clothing Counseling CPS Daycare Depression Diapers Disability Domestic Violence DSHS Early Learning
 EducationFAS Father Food Foster Care Fun Gay Grandfather Grandmother Grandparent Health
 Home School Home Visit Housing Immunization Infant Latino Legal Mental Health Neglect Nursing
 Playgroup Postpartum Pregnancy Preschool Public Health Recovery Relative Respite School School Readiness
 Shelter Spanish Special Needs Step-parent Stress Substance Abuse Support SIDS Teen Toddler Basic Needs

Target Participants:

Program Location: (Facility/Agency Name)

Location Address 1: _____

Location Address 2: _____

City: _____ **Zip:** _____

Day/Time: Fee: Yes No **\$ Amount:** _____

Child care provided: Yes No **Registration required:** Yes No **Start date:** _____

End date: _____ **Length of program:** (# of weeks) _____ **Ongoing:** Yes No

Contact Name: _____ **Contact Phone:** _____

Contact Email: _____

Host Agency: _____ **Office Phone:** _____

Website URL: _____

Other: _____
