



Santa Clara County Social Services Agency

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DEBS Resource Guide Change Request Form

Instructions:

Indicate below all information about your agency/program. **Please proofread and assure all the information is completely true and correct.** Online version of the DEBS Resource Guide will be updated and published on a periodic basis. For update requests, please send us your filled DEBS Resource Guide Add Request Form before the following submission dates:

Submission Date:	Publish Date:
January 17, 2020	First week of April 2020
May 29, 2020	First week of July 2020
August 31, 2020	First week of October 2020
November 30, 2020	First week of January 2021

Email your filled-in request form and agency logo to: programbureau@ssa.sccgov.org

Type of Request:

- Add New Agency Revise Information Add Information Delete an Agency

Check all categories applicable according to your services:

- | | | |
|--|---|---|
| <input type="checkbox"/> Dept. in Social Services Agency | <input type="checkbox"/> Educational Support for Adults | <input type="checkbox"/> Transportation Resources |
| <input type="checkbox"/> Dept. in County of Santa Clara | <input type="checkbox"/> Employment Resources | <input type="checkbox"/> Other Support Resources
(Legal Services, Refugee Resources, Financial Assistance, Tax Services, etc.) |
| <input type="checkbox"/> Emergency & Homeless Assistance | <input type="checkbox"/> Food Resources | |
| <input type="checkbox"/> Children Resources | <input type="checkbox"/> Health Care Resources | Pages to revise:
_____ |
| <input type="checkbox"/> Domestic Violence Resources | <input type="checkbox"/> Housing Resources | |

Contact person's information for any questions or clarifications about this submission:

Contact's Name:	Phone:	Email:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Agency/Program Contact Information:

ALL INFORMATION PROVIDED MUST BE COMPLETELY TRUE AND CORRECT

Agency/Program Name:

Location: [Street No., Street Name, City, CA, Zip Code]

Website Link: [if any]

Phone #1:

Phone #1 description: [optional-ex. Hotline, Advice Line]

Phone/Fax #2: [optional]

Phone/Fax #2 description: [optional-ex. Hotline, Advice Line]

Phone/Fax #3: [optional]

Phone/Fax #3 description: [optional-ex. Hotline, Advice Line]

Agency/Program Contact Information: (continuation)

Email #1:

Email #2: [optional]

Days and Hours of Operation: [optional - ex. Monday-Friday, 9:00am-12:00, 1:00pm-5:30pm]

Language Capabilities: [optional – ex. English, Spanish, Vietnamese etc.]

Additional Operational Information: [optional – up to 200 characters, ex. additional location, phone number, etc.]

Description of Program/Services: [up to 1,000 characters, ex. tagline, description, services, eligibility]